4.2.4			S	ATEC	OF I	MARY	LAND			
item of infor- should state of OCCUPA-	1	. PLACE OF	DEAT	н						
ould OCC	County Baltimore									
item of should of OCC	/	Village or Ci	ity	Dundall	C		(Jf			
ry ir	/	Length of resid	ience in city	or town where	death oc	curred 2	yrsmos.			
Evel MAN	2	. FULL NAI	WE IS	natius	Aba	amez	yk			
PHYSICIANS		(a) Resident	ce: No	18 30 E	PI	Javal place of	-L-J-\			
医 岩 /	g. Million	PERSON	AL ANI	STATIST	-					
T RE.		sex Male		or RACE	5. SIN	GLE, MARR DIVORCED	TED, WIDOWED,			
IS A PERMANENT REstated EXACTLY. Functionally classified. Exacertificate.	5a.	If merried, widow HUSBAND of (or) WIFE of	ed, or divor		ame	zyk				
EX Z	6.	DATE OF BIRTH (month, day,	and yeer)	eb.	2nd-	1891			
IS A PE stated E properly certificate	7	AGE Yea	rs	Months 8		Days 19	If LESS than 1 day,hrs. ormin.			
	NOI	8. Trade, profes kind of w SAWYER,	sion, or per ork done, a BOOKKEES	IS SPINNER.	Ste	el W	orker			
uld nay ack	UPAT	9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.								
AGE should that it may one on back	OCCUPATION	10. Date decease		ked at			ne (years) tin this pation			
DII.	12.	BIRTHPLACE (cit		Pola	nd					
VFA plied rms, nstr	HER	13. NAME		Unkn	own					
H UNFAI y supplied. ain terms, see instru	FATH	14. BIRTHPLACE		wn)						
WITH efully si in plain int. Se	ER	15. MAIDEN NA	ME	17						
car car rH orts	MOTHER		(city or to	wn)	19					
PLA could be F DEAT	17.	TNFORMANT	Mrs. Mar	Stella tell A		ramez				
E de la company	18.	BURIAL, CREMAT		EMOVAL		Mary	Oct.24			
WRIT mation CAUSE	19	. UNDERTAKER	//	n.G. Co		1				

St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. HEREBY CERTIFY, That I attended deceased from		ds. How long in U.S. if of foreign birth? 30 yrs. mo	
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. JHEREBY CERTIFY, That I attended deceased from 19	C+		000000000000000000000000000000000000000
21. DATE OF DEATH (Month) (Day) (Year) 22.	0.,	If nonresident give city or town and	State
(Month) (Day) (Year) 22. HEREBY CERTIFY. That I attended deceased from 19 1 to 19 1			
1 last saw h	21. D	(Month) (Day)	
I last saw h	22.	I HEREBY CERTIFY, That I attended of	deceased from
to heve occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of enset Date of enset Other Contributory Causes of Importance: Name of operation Date of What test confirmed diagnosis? Wes there an autopsy? *** 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? *** Where did Injury occur? *** Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		, 19, to	, 19
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of enset Date of enset Other Coutributory Causes of Importance: Name of operation What test confirmed diagnosis? West there an autopsy? Accident, suicide, or homicide? Where did Injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	l last	saw h, alive on, 19,	; death is said
Other Contributory Causes of importance: Name of operation What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Homicide Where did injury occur? Manually (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	to hev	e occurred on the date steted above, at	
Other Contributory Causes of Importance: Name of operation	I HE F	RINCIPAL CAUSE OF DEATH and related causes of Importance	
Other Coutributory Causes of Importance: Name of operation What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Armicide Where did Injury occur? Prostal Care: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	were	83 10110W3:	Date of enset
Name of operation		Gunshof wound in Chest	at1-3
Name of operation Date of	Other	Contributory Causes of Importance:	
What test confirmed diagnosis?			
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Homicide. Date of injury 10/2-11, 19-3-11. Where did Injury occur? Manually (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	-		4 -
Accident, suicide, or homicide? Homicide. Date of injury 10/7-1/1, 19:35. Where did Injury occur? Manually Care : Lound 11/2 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
K	Accid	ent, suicide, or homicide? Homicide. Date of injury 10/7 e did Injury occur? Manual Copecity city or town, county and State	11, 19.35. Elg
Nature of injury	Mann	er of injury	
	- Natur	e of injury	
	_	specify AMAGE) . M. D

If more blanks are needed, address State Regis

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact

properly classified.

See instructions on back of certificate.

TION is very important.

AGE should be

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

ORD. Every item of infor-

statement of OCCUPA-

-WRITE PLA

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10748
10.00	<u></u>
County Collins	Registration Dist. No. 30
Village or City Salvasvelle	No. / May recold We St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William H. aire	·
(a) Residence: No. 2 Mag rudu Cu E / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COROR OR RACE S. SINGLE MARRIED, WIDOWED, OR DISTRICT Carrie the yord)	193 5
5a. If married, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBAND of Colling (Classes)	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
26 20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
2 Trade profession or portionles	Oate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER selections SAWYER, BOOKKEEPER, etc.	ashrivation - Iron Octo
kind of work done, as SPINNER selections of work done, as SPINNER selections of work done, as SPINNER selections of work done, as SILK MILL, May Bell selections of work was done, as SILK MILL, May Bell selections of work was done, as SILK MILL, May Bell selections of work was done, as SILK MILL, May Bell selections of work was done, as SILK MILL, May Bell selections of work was done, as SPINNER selections of work was done, as SPINNER selections of work done,	from Ketthe Rauge 1925
SAW MILL, BANK, etc.	
10. Oate deceased last worked et this occupation (month and year)	Sucuse
C. C. C. C.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town): (State or country)	Tromeon 10:100000
	Carone,
I I I I I I I I I I I I I I I I I I I	
13. NAME William 6. Ourly 14. BIRTHPLACE (city or town) Baltimore (State or country) Manualous of	Name of operationOate of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Quilal B. Walters 16. BIRTHPLACE (city or town) June Course (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Julian Course	Accident, suicide, or homicide? Oate of Injury_ Od 2, 19 1
(State or country) Virginia	Where did injury occur? Kutchilia
17. INFORMANT Mis: European J. alley (Address) /2 Magnudes, alle Geton dealle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	A Total
Place Saltucion Cen Date Oct, 11 19 35	Menner of injury SLAVE
E-T)	Nature of injury 2003 States
19. UNDERTAKER OF ASLOW LOW	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Decot (ily)	If so, specify
20, FILEO. Oct 10, 1935 marshall Burst	(Signed) Marshall 3 West M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employeet" "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factor," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	103
County References	Registration Dist. No. 30
Village or city Calonsulle	No. Spring Proce State Hosp St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a herpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME WNS. Suema gar XX	ett
(a) Residence: No. 130 N. Ellwood are. Ball	• St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 193 5 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of -(or)-WHFE-6f -(or)-WHFE-6f	22. A .I HEREBY CERTIFY. Thet I attended deceased from
	lex 10 ,19 5, to Dex 12 ,19
6. DATE OF BIRTH (month, day, and yeer) Dec 31, 1861	I last saw h_loalive onOCX
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 10.2. A.m.
17 10 19 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Lobas Mumonia Mora protat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the business of this occuration (month and	adu
work was done, as SILK MILL, SAW MILL, BANK, etc	
19 Date deceased last worked at this occupation (month and good 133) 11. Total time (yeers) spent in this spent in this occupation (month and good 133)	
worther more and and	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	secure programme
E 13. NAME UNKnown	
13. NAME 14. BIRTHPLACE (city or town) Anklum	Name of operation Larvel Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Use
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
(State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Poston Md Date Det 15, 19 25	Manner of injury
19 UNDERTAKER GEORGE W. Zirkler	24. Wes disease or injury in any way related to occupation of deceased? N.o.
(Address) 1737 g gaguett	If so, specify
20. FILED Och 12 19-35 - marshall B Wast	(Signed) Color Janet M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Data of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
47.40			
Other contributory causes of importance:		Other contributory causes of importance:	Terrent
Gallstones	May 1,1923	Gastroenteritis	1 year

should state OCCUPA-

1. PLACE OF DEA	TH //-			159	1 1) (1
County 3	aller	me,		Registration Dist. No.33	
Village or City	Tura ty or town where o	ters town	A yrs mos	No. St., St., of death occurred in a horpital or institution, give its NAME instead of street and not included the	Ward
2. FULL NAME	Bahy	1 misk	Bree	iblet	
(a) Residence: No.	Post	effector (Usual place	of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Hemale .	r OR RACE		RIED, WIDOWED, O (write five word)	21. DATE OF DEATH	, 193 (Year)
5a. If marriad, widowed, or divo HUSBAND of (or) WIFE of		10/19/	35 -	22. I HEREBY CERTIFY, That I ettended d	deceased from
7. AGE Years	Months	Days	If LESS than 1 dey, hrs. ormin.	to have occurred on the defa stated above, et / 2 A _ m. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	Date of onset
SAWYER, BOOKKEE 9. Industry or business In work was done, as: SAW MILL, BANK, of this occupation (moyer)	ILK MILL, Hc ked af		me (yeers) It in this	(53-months)	
12. BIRTHPLACE (city or town) (Stefe or counfry)	Rei	terslows	~	Other Contributory Causes of importence:	
13. NAME You	and 4	ranklin 1	Daublit	mentrants	
13. NAME YOUR 14. BIRTHPLACE (cify or for (Stete or country)	wn) / L	mod	2U J	Nema of operefion	utopsy?
15. MAIDEN NAME	arrie 1	Belle m	0222	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or to (Stefe or country)	wn) Lette	e de oron	~	Accident, suicide, or homicide? Dafe of injury Where did Injury occur? (Specify city or town, county and State.	
17. INFORMANT (Address)	# 16			Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN	ĆE.
18. BURIAL, CREMATION, DR R		Date Och	كى	Menner of Injury	~~~~~~~~
19. UNDERTAKER JL	news d	Barbole	te-	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED & 1 20 , 1	975	* reest	Registrar.	(Signed) Truck The Saffell (Address) Martinson Truck	M. D

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURPAH V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A	DDITIONAL SI	PACE FOR FURT	THER STATEME	ENTS BY PHYSIC	CIAN
		11022 1 010 1 010			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 113.	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ogo
Odlan andributana sana si			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 yeor

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10752
1. PLACE OF DEATH	
county Jalumore	Registration Dist. No.
Village or City paraces the	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	
2. FULL NAME Dandy Toll	
(a) Residence: No. 7 // Stabode)	assound or Mill nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH Clother 3/21
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of Welen Bell	22. HEREBY CERTIFY. That attended depersed from
6. DATE OF BIRTH (month, day, and year) June 21, 1900	I last saw h series elive on 10-13/131,19 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et 4:30nP.M.
00, 4/0 lday,	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
S. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (medical at this programme).	Coronary Occlusion 10/3/2
A Connaistry or business in which work was done, es SILK MILL.	Co obtaco o sacram
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (ments and 3/31 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importance:
	MARQ
E	720
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Oate of
	What test confirmed diagnosis? Was there an eutopsy? Was there an eutopsy?
Ŧ OCA	23. If death was due to external causes (VIOL ENCE) fill in also the following:
S 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Helen Helen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CHEMOTOS, OR REMOVAL	Manner of injury
Place Mar. 2. 1935	Nature of injury
19. UNDERTAKER S. C. Kas Hosel	24. Was disease or injury In any way related to occupation of deceased?
20. FILED ON . 1 03 , 1935 A HAT Compies on 6	(Signed) Anomas 04.0
If more blanks are needed, address State Registrar.	(Address) Of 2) SX . Ap . The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 4 1625	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago	
BI CEALLY, S. J.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1PLACE	OF	DEATH
County 71	0-	Ceder and



STATE OF MARYLAND CERTIFICATE OF DEATH

/ 57	Registration Dist. No. 22
illage or City Courton (No.	St: Ward) (If death occurred in
2 FULL NAME Mary Elizabeth B	entsel tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale While Sweet Married With the word)	(Month) (Day) (Year)
Oct 24th (Month) (Day), 1865	17 I HEREBY CERTIFY, That I attended the deceased from 1925. to OCA
AGE 69 yrs. 1 mos. 15 ds. If LESS than I day hrs. or min.?	The state of the s
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Loyre, mos. de.
BIRTHPLACE (State or country) Ballo Much	Contributory Secondary (Duration)
10 NAME OF FATHER SOURS Officer	(Signed) Solfaes Too yule TPd.
OF FATHER (State or country) 12 MaiDEN NAME 7 12 MaiDEN NAME 7 13 MaiDEN NAME 7 14 MaiDEN NAME 7 15 MaiDEN NAME 7 16 MaiDEN NAME 7 17 18 18 18 18 18 18 18 18	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER SERVICE SIGH	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) January	At place of deathyrsds. In the Stateyrsds, Where was disease contracted,
(Informant) Mrs Bhas Slarison	if not at place of dea.h?
(Address) 4803 browson we	Inden Parls bem Oct 11th, 1925
5 - 100La .35- 1711 Banan	20 UNDERTAKER

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1

S. No.

N. B.-

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more piccare, coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed 10 For many occupations a yrs). At Home, and children, not gainfully em-For persons who have no occupation single word or term on (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on is fracture of skull, and consequences (e. g., sepsis, parbolic acid—probably suicide. The nature of the injury, decident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-Whooping cough; Recommendations on statement of cause of death danus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Date of onse

Wes there en europsy?_

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis EIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MOV 4 1935	July 5,1927	Peritonitis	3 days ago	
BUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
100 Paris 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1 8 of OCCUPA.

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	756
1. PLACE OF DEATH		94-2	0 ()1)
County Baltimor	<u>L</u>	Registration Dist. No. 40	
Village or City Fullerton	(1	No. Owender St., f death occurred in a hospital or institution, give its NAME instead of street and nun	ward
Length of residence in city or town whera	death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Soura	Biebl	If U.S. Veteran specify WAR	
(a) Residence: No. Corren	(Usual place of abode)	St., Ward. If nonresident give city or town and Ste	ate
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 4. COLOR OR RACE White 5a. If married, widowed, or divorced HUSBAND of	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Yeer)
(or) WIFE of Wentzel	Biebl	22. HEREBY CERTIFY, That I attended det	eased from
6. DATE OF BIRTH (month, day, and year)	C 25 1871	I last saw h account a live on 130 p	jeath is sal
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	at Home	augus lect:) = (= 0 0 0 0 0 0 0 0 0 0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion		
12. BIRTHPLACE (city or town)	noun	Dther Contributory Canses of importance:	
13. NAME Max Ban	es d		
14. BIRTHPLACE (city or town)	enous	Name of operation Date of	
(State or country)	name	What tast confirmed diagnosis? Was there an auto	onsy?
15. MAIDEN NAME INCLUDED TO THE TOTAL OF COUNTY OF THE TOTAL	worth	23. If death was due to axternal causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?	
(State or country) Line	noun	Where did injury occur?	
17. INFORMANT Cottons	Vega	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E,
18. BURIAL, CREMATION, OR REMOVAL	7	Manner of Injury	
Place Noly (Kederne	2 Date Oct. 7, 1933	Neture of injury	
19. UNDERTAKER TEACH : VI (Addrass) 7 4 04 Be A	assafu o da	24. Was disease or injury in any way related to occupetion of deceesed?	
20. FILED. 195/2 38/10/11	Marie Registrar.	(Signed) Chareson 1 Compared Ind	M. 1
If more	blanks are needed, address State Registrar,	24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUPPATI V S	- 10			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
				

V. S. No. 1

ż

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(460)
County/3alto	Registration Dist. No. 4
Village or City Dundalk	No. 816 Breatwood aust, Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	is a local declaration in the long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Frank Blum	
(a) Residence: No. 6816 Breutwood (Usual place of abode)	Ward. Demodall If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, or diverced HUSBAND of (ex) WIFE of Laura C. Blum	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Fel 15 1884	Hast saw basic alive on Sept. 30 , 1935; death is said
7. AGE Years Months Days if LESS than 1 day,hrs.	I THE EXPLCIT AT CAOSE OF DEATH BING LEIGHER CAUSES OF IMPORTANCE
8. Trade, profession, or particular kind of work done, as SPINNER, Stral Worker SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILB. The home Saw MILL, BANK, etc.	Carculous of the Oate of onest
12. BIRTHPLACE (city or town) Rock Hall (State or country)	Other Contributary Causes of importance: Cacalaria Aul To Malignancy
13. NAME Thomas Bluss 14. BIRTHPLACE (city or town) (State or country) Poland	Name of operation Sastrastony Date of lug. 1935
	What test confirmed diagnosis? Franklin (Wes there an autopsy? Wes there are autopsy? 223. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) Markasura	Accident, suicide, or homicide?
17. INFORMANT CAURA & Blum (Address) 6816 Brantwood air	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Stand Laus Dete Oct 34, 19.35	Manner of injury
19. UNDERTAKER (Address) /219 St Paul St	24. Wes disease or Injury In any wey related to occupation of deceased?
20. FILED 10/7/3519 AM Correspond	(Signed) Church Trassurg. M.D. (Address) 67/2 Holson W.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH 10758
1. PLACE OF DEATH	107.0
County (Salumore	Registration Dist. No.
Village or City Catonsuille	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	nos. 8 How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MISO Homer US NO	hs
(a) Residence: No. 2204 Optular Issue	el St., Ward. Dallinson Md, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 3- 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Pary Co	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Unknow 187	7 / last saw her alive on Oct 5th, 1935; death is said
7. AGE Years Months Days If LESS than	
3-8 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, Weaves	21.12
kind of work done, as SPINNER, Weaver SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILLWoolen Triell SAW MILL, BANK, etc. 10. Date deceased last worked et this occuration (orange and the companion (orange and the c	(Sorcheal Trumonea 10-4-35
10. Date deceased last worked et this occupation (month and the spant in this yeer)	
On 1 (1	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town)	
E 0 0 0	Musmenua Ollacof Usifekous Ma,
14. BIRTHPLACE (city or town) (State or country)	Name of operation own Date of
	Whet test confirmed diagnosis? Class Day Was there an au'opsy?
I	23. If death was due to externel causes (VIOL EMCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
The state of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in industry in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Process Date 9 19	S-Nature of Injury
19. UNDERTAKER Calard Do Kuy of	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 10 19. 19. All See Anna	(Signed) James & Jarey M.D.
Registrar. If more blanks are needed, address State Registr	47. 2415 N. Charles Street, Baltimore, Requesting TJ. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

County Bel	ATH Etimore	Comuty		45-0	Registration	Dist. No. 38	-
Village or City	-	1		No. f death occurred in a horbital or		St.	Ward
Length of residence in	city or town where	death occurred			S. if of foreign birth?		
2. FULL NAME	Charles	Thomas	Burne	405.00	en non		
(a) Residence: No.				St. Ward.	10000	-	
(a) nosidence. No.		(Usual place		Vi.,Walu.	If nonresident	give city or town a	and State
PERSONAL A	ND STATIST	TICAL PARTI	CULARS	MEDICA	L CERTIFICATE	OF DEATH	
	LOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	retiler	10	1935.
		ma	uried		(Month)	(Day)	(Year)
a. If married, widowed, or di HUSBANO of (or) WIFE of	vorced	Bonew Ti	Burau	22. 1 HERE	BY CERTIF	Y. That I attended	ed deceased fro
DATE OF BIRTH (month,	m	erch 10,	1862	I last saw h alive o	2 V 10	10 3	death is sa
AGE Years	Months	Days	If LESS than	to heve occurred on the date			, ucatii 12 3a
23	6		1 day,hrs.	The PRINCIPAL CAUSE OF			
8. Trade, profession, or	particular	1	ormin.	were as follows:		BOUTH BOTTO	Date of onse
kind of work don SAWYER, BOOKK	e, as SPINNER,	Carpente	N	/////	1. ti a (a		9/23/
Industry or business	in which		and	agreas	aus tae	uu_	1/20/
work was done, e SAW MILL, BANK			rug				
kind of work don SAWYER, BOOKK Industry or business work was done, e SAW MILL, BANY 10. Date decessed last v this occupation (n year)	orked at nonth end 9/23	spai	ime (years) nt in this upation				
	Back	· C-	+	Other Contributory Couses of	Importance:		
2. BIRTHPLACE (city or tow (State or country)	n) tratium	unic -	my	arteris se	Donas	·	
1 /	n	,			siver		
you	y Just		0	J. J			un
14. BIRTHEZACE (city or		tungel	9.	Name of operation		Date of	
(State of country		0 0		What test confirmed diegnosi	is?	Was there a	n autopsy?
15. MAIDEN NAME £	lizabeth	Coale	0	23. If death wes due to extern	al causes (VIOLENCE) fil	I in also the follow	ing:
		Etunore	G	Accident, suicide, or homicid	e?	Date of injury	, 19
(State or country)			Where did injury occur?	/S	A	
7. INFORMANT Mary (Address)	L'mur	ay ac	Tomon	Specify whether injury occur	red in INDUSTRY, In HO	town, county and S ME, or in PUBLIC	PLACE.
B. BURIAL, CREMATION, OR	REMOYAL	0	1. 1 -	Manner of injury			
Placerospec	DITCH C	Occopie 10/	12/35	Nature of injury			
9. UNDERTAKER Ma	Tin E.	Burn	1	24. Was disease or injury In	eny wey related to occupa	ation of deceased?	ill
(Address)	(Marker -		1	If so, specify			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
FUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-----------	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	932
County Daldsmot	Registration Dist. No. 30
Village or City Caterrarle	No. Aprimo Grand Honglish of institution, give its NAME instead of street and number)
Langth of residence in city or town whare daath occurred 5 yrs. 5 mos.	death occurred in a hospital or institution, give is 147/1/12 instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME anie Cambo	bill
(a) Residence: No. 128 PC (Usual place of abode)	St., Ward. Daltuis State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE AR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Yeer)
(or) WIFE of michael Campball	1 HEREBY CERTIFY. That Lettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Lept 25/1884	I last sew h.e. elive on O , 1935; deeth is said
7. AGE Years Months Days I LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ch Myocarditas 3mgs.
SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this	
12. BIRTHPLACE (city or town) Oaltware	Other Contributory Causes of Importance:
(Stete or country)	axerio Scherosia 120
13. NAME-Trederick Gradner	
4 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diegnosis? Wes there an eulopsy?
15. MAIDEN NAME Tona Ochlitzen berger	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT Michael Carpbell (Address) 128 2 Collaria 200	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. CHOVAL Place Date 10-17, 1935	Manner of Injury
19. UNDERTAKER - Spring There Clothe Hard	24. Wes disease or injury in eny way related to occupation of deceesed?
20. FILED. 10/19., 19.5. Al Suches	(Signed) Post E. Jarrett M.D.
Registrar.	(Address) - October 19 19 19 19 19 19 19 19 19 19 19 19 19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 2 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V.	S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	0	A	1.0-4	6	ď	1
-1	л.	2	1	B.		u
- 2	Α.	9	- 8	N.	3	-5

1. PLACE OF DEATH	11	93-0
County A	timore	Registration Dist. No.
Village or City.		No. Of the St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? yrs mosds.
7	ton, 7 hes	Le_
2. FULL NAME (a) Residence: No. 7 92	Worth ale	St., Ward.
BERCONAL AND CTATIC	(Usbal place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH
9: W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Il Cople	22. I HEREBY CERTIFY. That I attended deceased from 1930 to 004 22 1931
6. DATE OF BIRTH (month, day, end year)	of 28-1841	I last saw h In elive on Och 24 1935; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	ware se follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	7/m-	Cho hu osardiles 3 a
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Houselifes	3
this occupation (month and year)	11. Total time (years) after spant in this occupation.	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	note go	Orteres Sclerosis 114h
13. NAME Socia	1 Killing	
14. BIRTHPLACE (city or town)	M.	Name of operation
	Of money	What test confirmed diegnosis? My Link there an autopsy? Was
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	MAT	23. If death was due to external causes (VIOLENCE) fill in aiso the following: Accident, suicide, or homicide?
17. INFORMANT (Address)	Contains	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	nt Oct 14 195	Manner of injury
19. UNDERTAKER Portras	na Jose	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) 2347	Coffeelest	(Signed) Markall B 11902 1 M.D.
20. FILED OCT 22, 1935 MG	austall 13 Writ- Registrar.	(Address) Adams 100 M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I V E D		Example II	
The principal cause of death and related causes of importance were as follows? 2 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstilial nephrilis V. S.	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B

certificate

Jo

back

on

instructions

important.

very

infor-

item

OCCUPA.

plnods

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Corebral hemograpase	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

certificate.

jo

back

See instructions on

is very important.

TION

V. S. No. 1

B

FATHER

MOTHER

13. NAME

15. MAIDEN NAME

(Address)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (Stete or country)

(State or country)

of OCCUPA. plnods

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	1
1. PLACE OF DEATH		94-8	1	U
County Balting Co.			Registration Dist. No. 3	
Village or City Ruxton		No	St.,	
Length of residence In city or town where deet	h occurred 29 yrs mo	death occurred in a horpital or insti- ds. How long In U.S. if	tution, give its NAME instead of street and nur f of foreign birth?yrsmos.	nbe
2. FULL NAME Henry	Carroll			
(a) Residence: No. Rus Ten	Baltimore Co Ma (Usual place of abode)	L_St.,Ward.	If nonresident give city or town and St	ate
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL	CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH	& foto (Month) (Day)	193
5a. If married, widowad, or divorced HUSBAND of Sugar. Pres	ton Canoll	22. IHEREB	Y CERTIFY, That I attended de	cee
6. DATE OF BIRTH (month, day, and year) Nov	ember 9th /863	I last saw h_6 alive on		dea
7. AGE Years Months	Deys If LESS than 1 day,hrs.		ated above, atA.m. ATH and related causes of Importance	
8 Trade profession or nasticular		were as follows:		Dat
kind of work done es SPINNER, SAWYER, BOOKKEEPER, etc	Retired	Coronery Occlus,		4
9. Industry or Business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		/		Zery
10. Date deceased lest worked at this occupation (menth end year)	11. Total time (years) spant in this occupetion			
12. BIRTHPLACE (city or town) Baltimo	n Ml	Other Contributory Causes of im	portance:	
,		-		

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR, REMOVAL

Registrar.

Nature of Injury 24. Was disease or injury in any wey related to occupation of deceased? If so, specify

(Specify city or town, county and State)

23. If death was due to externel causes (VIOLENCE) fill in elso the following:

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE

d number

mos....ds.

(Year)

d deceesed from, 1937

...; death is said

Date of onset

Manner of Injury

Name of operation....

What test confirmed diagnosis? & Care

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 20	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			13,271(0)

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	Designation Disk No. 38
County Baltimore	Registration Dist. No. 2
1.1	No Take + Holline ave St., Wa f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos.
0000	
2. FULL NAME Cachel a Connot	If U.S. Veteran epecify WAR.
(a) Residence: Now Lake + Holling (in (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)	21. DATE OF DEATH Oct 12, 193 5 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of mason Q. Bonnolly	22. A HEREBY CERTIFY. That I attended deceased fr
DATE OF DIRTH (month day and mon) (120 187)	liast saw h alive on for 13 Th 19 30; death is s
DATE OF BIRTH (month, day, and year) Cycle 30 82. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 345 Q. m.
/ 5 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were es follows: Tolor Due una loju/3.
SAWYER, BODKKEEPER, etc.	-
kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occupation (month and	
TO. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Baltimore	Dirigi Contributory Causes of Importance: Grant Trad fre work bog & pox 6 to.
	Muy o ear de to i
13. NAME Accob A. Sell. 14. BIRTHPLACE (city or town) Bellimore	Name of operation // Loca Date of
(State or country) and.	What test confirmed diagnosis? Chine and K Hywas there an autopsy?
15. MAIDEN NAME Sarah Maylor. 16. BIRTHPLACE (city or town) Bullinger.	23. If death was due to external causes (V)OLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Dullbright . (State or country) md.	Accident, suicide, or homicide?Date of Injury, 19
7. INFORMANT Mason Q. Connolly. (Address) Lake + Holling and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL 1 Ind	Manner of Injury
Boutest bern Herford Date Oct 15, 19 35	
9. UNDERTAKER Chentweth Lon. (Address) 3615176 healing Cave.	24. Was disease or injury In any way related to occupation of deceseed?
20. FILED 10/15, 19.34 Q. M. Baron. Registrat.	(Signed) Address) Ze/J Take RJ: Backe Ca

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

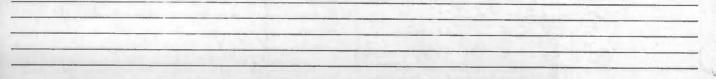
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
- A		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:



-WRITE

OCCUPA-

1	10	6-04	10	A	-
1	U	1	U	9	1

1. PLACE OF DEA	ry			94-0	2	
County Bay	lo.			Registration	Dist. No.	4
Village or City	leasa	it Hi	ll Rd	No.	st.	Ward
vinage of orty			2 (If	death occurred in a hospital or institution, give its NAMI	E instead of street an	d number)
Length of residence In ci	ty or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrs	mosds.
2. FULL NAME	Unne	e D. C	·04			
(a) Residence: No.	Quen	igs Mil	le ma	St. Ward.		
		(Usual place	of abode)	If nonresident	give city or town a	
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH	
3. SEX 4. COLO	R OR RACE		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH (get	2	, ~
Temale Its	ili	Hido		(Month)	(Day)	(Year)
5a. If married, widowed, or divo		0				
(or) WIFE of	iah P.	Cox		22. I HEREBY CERTIF		
	/	2 27	1865			
6. DATE OF BIRTH (month, da		1921		I last saw halive on		; death is said
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
10	/	1 5	ormin.	were as follows:	23 of Importance	Date of enset
8. Trade, profession, or p	as SPINNER,			-2		
kind of work done, SAWYER, BOOKKEE 9. Industry or business II work was done, as: SAW MILL, BANK, 10. Date deceased last wo						Ger
work was done, as SAW MILL, BANK,	SILK MILL,	mowy	le le	ungura.		1750
10. Date deceased last wo	rked at	11. Total ti	me (years)			
O this occupation (mo		sper occu	nt in this pation			
116-1-1114	Bul	to Lo		Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) (State or country)				-	*****	
CE 13. NAME Sur	and and	10 St.				
H 10. WAIRE	Ben	11.6	The state of the s			
14. BIRTHPLACE (city or to	wn)	700 -0		Name of operation		
	1.2	11 B. 1	heal	What test confirmed diagnosis?		
I	who !	001		23. If death was due to external causes (VIOLENCE) fi		•
16. BIRTHPLACE (city or town) Carroll C6 (State or country) 17. INFORMANT Amus & Cox (Address) Owings Mills Mid. 18. BURIAL, CREMATION, OR REMOVAL		Accident, suicide, or homicide?				
		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,		State)		
				PLACE.		
Place France Place Date Of 4 1935			Manner of Injury			
1 1000 T	-60			Nature of injury		
19. UNDERTAKER It bline & tono		24. Was disease or injury in any way related to occup	ation of deceased?_			
(Address) (//kir	stude	un 1110	-	If so, specify	-(4)	
20. FILED ON 1, 4	1935 5	17ms	Late	(Signed)	200	M. D.
			Registrar.	(Address) Otas Las		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 5 1933	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU Y. 3	٧			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B

STATE OF MARTLAND	CERTIFICATE OF DEATH 10766
1. PLACE OF DEATH	97)
County Balto.	Registration Dist. No.
Village or City Cresay Sville Md	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4D yrsmos.	ds. How long in U.S. If of foreign birth?yrsmos,ds.
2. FULL NAME William Henry Cran	mer
(a) Residence: No. Oversey Stille The (Usual place of abode)	L. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write theyword) Male White Marrie A	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE Click Craumer	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) An arale 2 1851	I last saw h 1 alive on Oct 11 19.35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.30, m.
84 7 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEPER, etc	arterlosclerosis. 1930
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. 10: Date deceased last worked at this occupation (month and spant in this could be spant in the could be spant in this could be spant in the could be spant in this could be spant in the could	
year) On 1/33 occupation 60410	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) Shawwill - (State or country)	Serility.
13. NAME David Craumer	
14. BIRTHPLACE (city or town) Infantum,	Name of operation
(State or country) maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susie neurymaker	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) New Market, (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17, INFORMANT MAS Blice Crusimer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lessopho Cerultry, Date Oct 15, 1935	Manner of injury
19. UNDERTAKER W. C Brooks & Son (Address) Six profes and	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED GA 12 , 1935 William J. Bhileow Registrar.	(Signed) Wilmer O. Ousor M.D. (Address) Ce Cheu sville Sud.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale, merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example-I	18	Example II	
The principal cause of importance were	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	liritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MI PEAU V. S.	July 5,1927	Peritonitis	3 days ago
	A Marie Company of the Company of th	٧		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Dally De	CERTIFICATE OF DEATH
2:0.:00.	Registration Dist. No.
Village or City LR LAND (No.	Ward) (If death occurred in a hospital or institution, give its NAME instand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF REATH
3 SEY 4 COLOR OR BACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the dacaased from
VIC-23,18514	0-1. 2/7/ 193.5. to
(Month) (Day) (Year)	that I last saw her aliva on of 2/1 2/1923
7 AGE If LESS than	and that death occurred on the date stated above, at
yrs, mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	***************************************
(b) General nature of industry (2)	
business, or establishment in which employed or (employer)	(Duration) vrs. mos ds.
9 BIRTHPLACE"	Contributory Wilno-Scientin Heart
(State or country)	denuir (Duration) 5 yrs mos. de.
10 NAME OF FATHER	(Signed) - Eurl L. Shumbers - M. D.
11 BIRTHPLACE	192 (Address) 4108 februte Ht. any
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
The Later bar Lather	Former or usual residence 2909 Eastern Ave Balto Md
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Maphy Home - Campfeld H	and sown cem act 25, 1935
15 Filed Oll X 1935 EE Trichal	John C. Miller 435 E. alwer
If mora bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 15 14 /2 14

(Approved by U. S. Census and American Public Health Association.)

or given up on account state occupation at beginning of illness. If retired from state occupation at beginning of illness, If retired from the indicated thus; Farmer (retired from the indicated thus; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer our meno, even the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation 6 Grocery; Womem-

1935

2

Statement of Cause of Death—Name, first, the bts-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed

answered in detail, it will prevent further correspondence.

All the

data is essential and must be obtained before the certificate is

If this certificate is looked over thoroughly and all questions approved by Committee on Nomenclature of the American Medical Association.) 'telanus) may be stated under the head of "contributory." parholic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Always qualify al disease; death

OCCUPA should County__ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) SICIANS Length of residence In city or town where deeth occurred statement (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT BINDING 5a. If married, widowed, or divorced HUSBAND of 22. (or) WHEE of certificate 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, ARGIN RESERVED SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupetion (month and spent in this occupation __ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13, NAME See 14. BIRTHPLACE (city or town). Neme of operation__ plain WITH (State or country) carefully What test confirmed diagnosis?__ HER 15. MAIDEN NAME ij 23. If death was due to external causes (VIOLENCE) fill in elso the following: MOT OF DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur? __. should be Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT __ 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Middle Date le Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased?_ 19. UNDERTAKER (Address) If so, specify B

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. How long in U.S. if of foreign birth? _____yrs. _____mos.____ds If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, Thet I attended deceased from Date of onset (Specify city or town, county and State)

S. No.

infor

1. PLACE OF DEATH

(Address) _.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	5 2		
Other contributory causes of importance	· 0 日	Other contributory causes of importance:	
Gallstones 4	May 1,1923	Gastroenteritis	1 year
· · · · · · · · · · · · · · · · · · ·	-3		

V. S. Mo. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	[3]
County Baltimore	Registration Dist. No. 38
Village or City Parkville	No. Willoughby Road St., Ward (death occurred in a horpital at institution, give its NAME instead of street and number)
1	ds. How long In U.S. Myof foreign birth? yrs mos ds.
2. FULL NAME William L. Dean,	Not a war O eleran
(a) Residence: No. Willoughby Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH OCT 29 1935 (Yeer)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Ora M. Dean,	22. I HEREBY CERTIFY. Thet I attended deceased from Oct 1935, to 10 29 3 5
6. DATE OF BIRTH (month, day, and year September 3.1886	I lest saw h. Amative on 10/22 198 , Teath is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date steted ebove, atm The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER,	wero es follows: Interstital Date of onset
SAWYER, BOOKKEEPER, etc. PI'III 6 I' Industry or business in which work was done, es SILK MILL,	Referritte
SAW MILL, BANK, etc 10. Dete deceased lest worked et this occupation (month end year) August 1935 11. Totel time (years) spant in this occupation occupation occupation 33 - Years 1935	aane
12. BIRTHPLACE (city or town) (State or country) Baltimore Md.	Other Contributory Causes of Importance: Carelial Hemourh
13. NAME Ira Dean.	10/1/
14. BIRTHPLACE (city or town)— (Stete or country) New York State	Neme of operation Dete of
	Whet test confirmed diagnosis Wes there en eutopsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Ma Dia M. Deau (Address) Willoughby Road	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL NOV 1 1935	Manner of Injury
19. UNDERTAKER SOON AVE	24. Was disease or Injury In any wey releted to occupetion of deceesed?
20. FILED OCK 31, 1935 G. M. Bacon.	(Signed) Jew W. Tolley M. (Address) 157/63 Harphay M.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis P	1915	Attack of epilepsy	1 week ago
Corolard how combago	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MURPAU V. S.	ė		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

Exact statement

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH-in plain terms, so that it may

TION is very important.

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	0	ay	1	11	
L	U	6	1	17	

1. PLACE OF DEATH	(23)
County / Falte reare	Registration Dist. No. 30
Village or City Robert Wood -	No. 4415 Wellsed OUST. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julia C. DITI may	V
(a) Residence: No 44,5 Helling On	TESt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Tyrize the word)	21. DATE OF DEATH COLOGO 27 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (tool)
HU3BAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
7. 2.1 1890	1 lest own & 1935, to 00 27, 1935
6. DATE OF BIRTH (month, day, and year) Tune 24, 1091	Plast Saw In-1, 15 and
7. AGE Years Month's Days If LESS than I day,hrs	to have occurred on the date stated above, atm.
00 4 01min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	71
SAWYER, BOOKKEEPER, etc.	Authorary Juter en Corea 1934
9. Industry or business in which work was dona, as SILK MILL. Deacuse trees.	(Br lateral)
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
Gast The	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) / Carte Carte Country)	
13. NAME Micholas Dittman	
E I I I I I I I I I I I I I I I I I I I	
14. BIRTHPLACE (city or town) Jer wearry	Name of operation Date of Tenders
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margared French 16. BIRTHPLACE (city or town) Paole Res	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
d. O 11-1	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT MY & Joseft Wie Onling (Address)	Specify whether injury occurred in INDOSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Attly Redee mer Data 10-31,193.	Nature of injury
19. UNDERTAKER Lionard & Ruck	24. Was disease or injury in any way related to occupation of deceased?
(Address) 5305 Itan for Re.	If so, specify
20, FILED Och 27, 1935 marshall B hest	(Signed) Leave Mtowell M. D.
Registrar.	(Address) Cators welle hel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example, I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA-	1. PLACE OF DEATH	
n of i	County Ballman	Registration Dist. No. 3
sh of	V	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement		ds. How long in U.S. if of foreign birth?yrsmosds.
2 /	2. FULL NAME Estate 1400 les les	
RD.	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
E BE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IG ENT RI	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Lo Lo	21. DATE OF DEATH (Month) (Day) (Year)
MAN AAC assifi	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Life of January 1997	22. HEREBY CERTIFY, That I attended decessed from
BIN ER EX Col	6. DATE OF BIRTH (month, day, end year) may 21 3 1875	I last saw h_ la laive on _ O _ O _ 1935 ; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
FOR IS A I stated properline	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
- 00	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Levelral hemore
RVE CTI ould may back	9. Industry or business in which work wes done, as SILK MILL.	CA VIII WILLIAM CONTRACTOR OF THE CONTRACTOR OF
RESERVEL G INK-THI GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this opcupation (month and	
RES VG IN AGE that ons o	this occupetion (month and spent in this occupetion	
ZALE	12. BIRTHPLACE (city or town) for so bring land of	Other Contributory Causes of Importence:
	(State or country)	- Hyperfermon 4
4: F 2 4	13. NAME John Tho dishes 14. BIRTHPLACE (city or town) Geometry	Atterbrioscherozes
W == 00	4 14. BIRTHPLACE (city or town) 15. 14. BIRTHPLACE (city or town) 15. 15	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
WITTY WITTY efully in pla	I 15. MAIDEN NAME Cerebrasson	23. If death was due to external causes (VIOLENCE) fill in also the following:
	[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
be car ATH mport	(State of Southly)	Where did Injury occur? (Specify city or town, county and State)
should by OF DE	17. INFORMANT 2. Aloge (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Sh Sh	18. BURIAL, CREMATION, OR REMOVAL Place From Carllerinale Date Och 2 2 10 3 E	Menner of injury
-WRITE mation s CAUSE TION is	PlaceDate	Nature of injury
May CA TIC	19. UNDERTAKER COMMISSION (Address) /2 /7 Nh. Paul 15	24. Was disease or injury in any way related to occupation of deceased?
× × × ×	20. FILED Och 10 , 1935 - Briscase Registrar.	(Signed) Times I Maffel M. D. (Address) His time trough Mrg
U		2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FE 723	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	
County Balleman	Registration Dist. No. 30
	No. No. Howe St., Ward If death occurred in a Nespitator) institution, give its NAME instead of street and number) os. 7 ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME MAS Nellie Dueren	19
(a) Residence: No. 3505 Window Mill (Usual place of abode)	RSE Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed, or divorced	21. DATE OF DEATH Oct 28 1935 (Month) (Day) (Year)
HUSBAND of OFOROE E DUFRING	22. I HEREBY CERTIFY, They I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs ormin.	to have occurred on the dete stated above, at 2. A.m.
8. Trade, profession, or particular kind of work done, as SPINNER, Hausekeffer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this programme).	Carcerons of line 2 mos
10. Date deceased last worked at this occupation (month and check 9.3) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Fredereck Co. (State or country)	Other Coutributory Causes of importance:
13. NAME Alayous Benjerman	- Name of a section
(State of country)	Name of operation Date of What test confirmed diagnosis? Physical Was there an autopsy? Ma
15. MAIDEN NAME Com Virginia Harding 16. BIRTHPLACE (city or town) Frederick Cg (State or country) 17. INFORMANT Miss Namie Mc Cuffrey (Address) 35-05-Windowsmith	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place New Cothederal Date Oct 30, 1935	Manner of injury
19 UNDERTAKER Wm & Freques & Sons (Address) Worth & Ga	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. Oct 28, 1935 Marshall Bluest Registrar.	(Signed) washall B west M. O (Address) Catourulle Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cau of importance wer		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	SUPERIO V. S.	1 week ago
Chronic interstitial nephritis	1921	Run over by street of		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	NOV 2 1935	3 days ago
			BECEINED	
Other contributory causes of importance:		Other contributor	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH	
--	--

1	12	sing	my	6	1
1	0	1	1	2	7

1. PLACE OF DEATH	(aug)
County Baltimore	Registration Dist. No. 30
Village or City Calousville	No. 329 Harless Lane St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred//yrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME EDNA DRUSILLA HO	GANDUNTON
(a) Residence: No. 32.9 Harley La	ilst., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Married	
5a. If married, widowed, or divorced HUSBAND of W. R. Dunton, Jr. (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 12 Sept 1862	i lest saw here alive on Petiber 8, 1935; death is said
7. AGE Years Months Days If LESS that 1 day,	The state of the s
8 Trade profession or particular	were as follows: Chronic broughitis Date of onset 4-54.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occuration (most and	Refleenza teast dis.
10. Date deceased last worked at this occupation (month and year)	Diseased of coronory votery a Crube R. Safturga, doting from Settember 28th, 1935a
12. BIRTHPLACE (city or town) Moundsville (State or country) Worth Va	Other Contributory Causes of Importance:
1 13. NAME Lougather Hogans	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Helen TP M Cleans 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) West Va	Where did injury occur?
7. INFORMANT W.M. Willow Jr. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL Journ	Manner of injury
19. UNDERTAKER Herry H. J. Sukus + In (Address) 22 Ch 2015 - Ones and a	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct & 1921 - Maulala B West	(Signed) Whatevalor fr M.D.
	rar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	31	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 2 193		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAN
----------------------------	-----------------------------

Rogistra

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ____

If nonresident give city or town and State (Day) (Year) Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition nephritis	1921	Run over by street car	1 week ago
Cerebral hemogrhage	July 5, 1927	Peritonitis	3 days ago
OCT 20 1895			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence in city or town what death occurred 35 yrs		STATE (OF MARY	YLAND-	CERTIFICATE OF DEATH	0775
Village or City Town Man (If death occurred in a hospital or institution, give its NAME instead of steers and number) Length of residence in city or town whara death occurred 38 yrs nos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos ds 8th two long in U.S. If of forsign birth? yrs mos Mand	1. PLACE OF DE	EATH ,			92.0	
Length of residence in city or town what death occurred 38 yrs	County	ltimo	re		Registration Dist. No. 38	
Length of residence in ety of town what death occurred 33 yrs mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If of foreign birth? yrs. mos. ds. Row long in U.S. If o	Village or City	towson	r ma			Ward
2. FULL NAME (a) Residence: No. 3.0 Booling of Stocks PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COOR OR RACE (b) SINCLE MARRIED, WIDOWED (c) North of Statistics (c) North of Statistics (d) North of Statistics (d) North of Statistics (e) Out of Statistics (e) Date of Birth (month, day, and year) (e) Date of Birth (month, day, and year) (e) Date of Statistics (f) North of Statistics (h) Date of Country) (h) Date of Country (h) Date of Country) (h) Date of Country (h	langth of residence	in aitu as tawa where	1-11			
(a) Residence: No. 3.0.1 Bolley are (Cyfelpace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OF DEATH OF DEATH 3. SEX 4. COLOR OR RACE OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH (Month) (Month) (Day) (Very) (Very) (Very) (Nonth) (Nonth) (Day) (Very) (Very) (Very) (Very) (Nonth) (N		0 00 °	death occurred 3.3	yrs mos	ds. How long in 0.5, if of foraign birth?yrs	nosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCIE, MARRIED, WIDWED OR DIVORCED (cond the word) So. II married, widowed, or divorced HUSSELD OR DIVORCED (cond the word) OR DIVORCED (cond the word) OR DIVORCED (cond the word) So. II HER EBY CERTIFY, That I attanded discessed from I lest swh. Low. Silve on Divorced HUSSELD 19.3. O. Lock 8.2. 19.3. 1 lest swh. Low. Silve on Divorced HUSSELD 19.3. O. Lock 8.2. 19.3. 1 lest swh. Low. Silve on Divorced HUSSELD 10. A Date of BIRTH (month, day, and year) North Perricular North Days I I LESS than I day,hrs, or min. SAW MILL, BANK, etc., 10. Date decaded last worked at this eccupation (month and year) SAW MILL, BANK, etc., 10. Date decaded last worked at this eccupation (month and year) 10. Date decaded last worked at this eccupation (month and year) 11. Total time (years) spent is this eccupation (month and year) 12. BIRTHPLACE (city or town). Surmary 13. NAME 14. BIRTHPLACE (city or town). Surmary Name of operation. Date of injury 14. BIRTHPLACE (city or town). Surmary Name of operation. Date of injury 15. MAIDEN NAME Low. Survey and State or country) What tast confirmed diagnostif year of the dispression, or in PUBLIC PLACE. Accident, suicide, or homicide?. Date of injury 16. BURIAL, GREMATION, OR REMOVAL (Address) 17. INFORMANT 18. BURIAL, GREMATION, OR REMOVAL (Address) 19. Soldier or country) 19. UNDERTAKER 19. Survey and State or country or town, eccupity and State or country or town, eccupity and State or injury 19. UNDERTAKER 19. Survey and State or country 19. Survey and State or country 19. Survey and State or country 19. UNDERTAKER 19. Survey and State or country 19. Survey and State or country 19. UNDERTAKER 19. Survey and State or country 19. Survey and State or country 19. Survey and State or country 19. Survey and State or co		Yullas	n Henry	1690	2 of S. War more,	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WID OWED OB DIVORCED (with the word) MODITOR OF DEATH Corn wife of Word 6. DATE OF DEATH Corn wife of Word 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 18. S. Trade, profession, or particular 19. Date of the profession or particular 19. Date of the profession or particular 19. Date of the profession or particular 20. Date of the profession or particular 21. Date of the profession or particular 22. If the profession or particular 23. If death was due to asternal causes (VIOL ENC	(a) Residence: No	0.3018	(Used place	of abode)		d St1-
3. SEX 4. COLOR OR RACE Month OR DIVORCED (write the word) So. II married, widewed, or divorced (cr) wife to word) F. DATE OF BIRTH (month, day, and year) Months Days If LESS than 1 day,hrs. on which was done, as Sellmer, Salliff ACE Years Months Days If LESS than 1 day,hrs. on which was done, as Sellmer, Salliff Work down at done, as Sellmer, Salliff Will BARK, stc. 10. Date decaded last worked at this occupation (state or country) To Birthplace (city or town) State or country) What List Bark Law Survey of the was done as Sellmer, Salliff What List Bark Law Survey of the word on the data stated above, stc. Other Cestributory Causes of Importance: What Last Country What List Sellmer, Salliff What List Country What Last Country What Last Country What Last Country What Last Confirmed diagnosist Country Notes of Injury occurred in INDUSTRY, in HONE, or in Public Place. Accident, suicide, or homicide, or home of langury 13. NAME What Edil Injury occurred in INDUSTRY, in HONE, or in Public Place. (Address) 14. BURTHPLACE (city or town) Specify whather injury occurred in INDUSTRY, in HONE, or in Public Place. (Address) 15. Burthal, CREMATION, OR, BERDOYAL Place And	PERSONAL	AND STATIST				Q Diale
59. If married, widowed, or divorced HUSSALIVATION, or WIFE of Mary Gger 50. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. ACE 8. Trade, profession, or particular 8. Trade, profession, or particular 8. Trade, profession, or particular 8. Months 9. Action of the control of the data stated above, in particular 8. Months 9. Action of the particular data of	-		5. SINGLE, MARE	RIED, WIDOWED,		5~
HUSBARD of (or) Wife of Many & ger 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days H LESS than I day, hrs. or min. 8. Trada, profession, or particular for min. 8. Strada, profession, or particular for min. 9. Strada, profession, or particular for min. 10. Date decased ast work done, as SPINNER, Sarally for min. 11. Total time (years) sport in this occupation (month and years) sport in this occupation (month and years) for min. 12. BIRTHPLACE (city or town) for town for many for many for min. 13. NAME 14. BIRTHPLACE (city or town) for town for many for many for min. 15. MAIDEN NAME for town for town for many for many for min. 16. BIRTHPLACE (city or town) for many for min. 17. INFORMANT for min. 18. BURIAL, CREMATION, OR REMOVAL for many for min. 19. UNDERTAKER for many for min. 20. Fleeth for min. 21. Strada profession and part for min. 22. INFORMANT for min. 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: for min. 24. Was disease or injury in any way ralated to occupation of deceased? 19. UNDERTAKER for many for min. 19. Manner of injury Nature of injury in any way ralated to occupation of deceased? (Address) for min. (Address) for min. (Address) for min. 24. Was disease or injury in any way ralated to occupation of deceased? (Address) for min. (Address) for	mare 4	There	marre	ed	(Month) (Day)	(Year)
S. DATE OF BIRTH (month, day, and year) North S. AGE Yaers Months Days If LESS than I day	HIICRAND of	1			22. / I HEREBY CERTIFY That I attended	d daceasad from
T. AGE Yaars Months Days If LESS than I day. hrs. or. min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Address 11. Total time (years) spent in this occupation incomunity and spent in the spent in this occupation. 12. BIRTHPLACE (city or town). Services (State or country) 13. NAME 14. BIRTHPLACE (city or town). Services 15. BIRTHPLACE (city or town). Services 16. BIRTHPLACE (city or town). Services 17. INFORMANT 18. BURIAL, CREMATION, OR REMOYAL Place 18. BURIAL, CREMATION, OR REMOYAL Place 19. Address 10. Address 11. Total time (years) spent in this	(or) will or July	my 6 91	er	-	Lept 100 1935, 10 Clak 8 12	19.32.5
1 day, hrs. or. min. 8. Trada, profassion, or particular kind of work done, as SPINNER, for the principal profession, or particular kind of work done, as SPINNER, for the principal profession, or particular kind of work done, as SPINNER, for the principal profession which was done, as SPINNER, for the principal profession which was done, as SPINNER, for the principal profession which was done, as SPINNER, for the principal profession which was done, as SPINNER, for the principal profession which was done as SPINNER, for the principal profession which was done as SPINNER, for the principal profession which was done as SPINNER, for the principal profession which was done as SPINNER, for the principal profession was spin in this occupation. 10. Date does as SPINNER, for the principal profession was SPINNER, for the principal profession was SPINNER, for the principal profession was spin in this occupation. 11. Total time (years) spin in this principal profession was SPINNER, for the principal profession was spin in this principal profession. 12. BIRTHPLACE (city or town) for town for the principal profession was done to atternal causes (VIOLENCE) fill in asso the following: The principal	6. DATE OF BIRTH (month	, day, and yaar)	larch 43	1.1876	t last saw h. tm ative on Cleu & Ta 1933	_; daath is said
8. Trade, profession, or particular find of work done as SPINHER. Salfford work done as SPINH	7. AGE Yaars	Months	Days		to have occurred on the data stated above, at	
A Frade, profession, or particular, as SPINNER, Sauliff SAWYER, BOOKREPER, etc. SAWYER, BOOKREPER, etc. Sawyer of work does as SPINNER, Sauliff SAWYER, BOOKREPER, etc. Sawyer of work does as SPINNER, Sauliff Sawyer of work was does as SILK MILL, Self and Sawyer of Sawye	59	7	4		The PRINCIPAL CAUSE OF DEATH and ratated causas of Importance ware as follows:	10.4
A findustry or business in which work was done as SILK MILL, BANK, etc. SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and year) Spent in this occupation (month and year) 12. BIRTHPLACE (city or town) State or country) 13. NAME 14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) State or country) 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOYAL Place (Address) 10. Date of work was done to axternal causes (VIOL ENCE) fill in riso the following: The Accident, suicide, or homicide? Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 10. Date of minute of injury Nature of injury (Signed) Spacify whather injury on any way ratated to occupation of deceased? If so, spacify (Signed) Company of the public of the	8. Trada, profassion, o	or particular	2:010	1	,	Date of onset
12. BIRTHPLACE (city or town)	SAWYER, BOOK	KEEPER, etc.	and	٧	Mys cortial Insufferies	2 191
12. BIRTHPLACE (city or town)	work was dona,	as StLK MtLL,	barian			
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. Date Of 19. Date Of injury 19. Name of operation Accident, suicide, or homicide? 19. Date Of injury 19. Date Of injury Name of operation Owner of operation Accident, suicide, or homicide? Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 19. Nature of injury 19. Or Fleed 19. Or F	10. Date decaased last	workad at	11. Total tir	ne (years)		
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOYAL 19. BURIAL, CREMATIO	tins occupation	(month and	spen occur	pation D		
(State or country) 13. NAME Pilliann & Ger 14. BIRTHPLACE (city or town) Germany (Stata or country) 15. MAIDEN NAME Coroline Ronger 16. BIRTHPLACE (city or town) Germany (State or country) 17. INFORMANT May & Ger (Address) 301 3 asky face Townson 18. BURIAL, CREMATION, OR REMOVAL Place Company 19. UNDERTAKER (Address) Townson 19. UNDERT	12. BIRTHPLACE (city or to	wn) Gers	nann	79	Other Contributory Causes of importance:	10 4
What tast confirmed diagnosis? 15. MAIDEN NAME Concine Songer 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT WA Mary Eger (Address) 30/3 asky fare following: Place Proceedings of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Place Pla			0		General Orlina Relisorio	
What tast confirmed diagnosis? 15. MAIDEN NAME Concine Ronges 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Many Eger (Address) 30/Basky Care Towns Place Manner of Injury 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER	13. NAME TIL	liam 6	ger		acule Parenelymolow next	2/2 2/2
What tast confirmed diagnosis? 15. MAIDEN NAME Concline Songer 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Many Eger (Address) 30/3 makey and following: Place Proceedings of the control of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 40/10 many 8 one of injury 19. UNDERTAKER (Address) 70/10 many 8 one of injury 19. UNDERTAKER (Address) 70/10 many 8 one of injury 19. UNDERTAKER (Address) 70/10 many 8 one of injury 20. FLEED (Signed) 40/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Signed) 40/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Signed) 40/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased? (Address) 70/10 many way ratated to occupation of deceased?	14. BIRTHPLACE (city of	or town) Ger	many		Name of operation Date of	100
Whare did injury occur? 17. INFORMANT Mrs. Mary Eger (Address) 36/3 also are found of the following and State) 18. BURIAL, CREMATION, OR REMOVAL Place Drawer ffill Data Cott/, 1933. Nature of injury 19. UNDERTAKER Corm Burne 8 one (Address) Tourney and State) 24. Was disease or Injury in any way ratated to occupation of deceased? (Address) Tourney Marker of Injury in any way ratated to occupation of deceased? (Signed) Address of Address o	(Stata or countr	y)			What tast confirmed diagnosis? hyperial fundan Was there an	autopsy? 200
Whare did injury occur? 17. INFORMANT Mrs. Mary Eger (Address) 36/3 also are found of the following and State) 18. BURIAL, CREMATION, OR REMOVAL Place Drawer ffill Data Cott/, 1933. Nature of injury 19. UNDERTAKER Corm Burne 8 one (Address) Tourney and State) 24. Was disease or Injury in any way ratated to occupation of deceased? (Address) Tourney Marker of Injury in any way ratated to occupation of deceased? (Signed) Address of Address o	15. MAIDEN NAME	barolis	u ofon	ger	23. If death was due to axternal causes (VIOL ENCE) fill in also the following	18: 20
Whare did injury occur? 17. INFORMANT Mrs. Mary Eger (Address) 36/3 also are found of the following and State) 18. BURIAL, CREMATION, OR REMOVAL Place Drawer ffill Data Cott/, 1933. Nature of injury 19. UNDERTAKER Corm Burne 8 one (Address) Tourney and State) 24. Was disease or Injury in any way ratated to occupation of deceased? (Address) Tourney Marker of Injury in any way ratated to occupation of deceased? (Signed) Address of Address o	16. BIRTHPLACE (city of	or town) Sees	mary			179
Spacify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 36/Bolly and Townson 18. BURIAL, CREMATION, OR REMOVAL Place Place Hull Data Ost // 1935 Nature of injury 19. UNDERTAKER (Address) Townson (Address) Townson (Signed) James M. D. (Signed) James M. D. (Address) M. D. ((State or count	ry)	0			
18. BURIAL, CREMATION, OR REMOVAL Place Product Hill Data Ost // 1933 Nature of Injury 19. UNDERTAKER Towns of Manner of Injury 19. UNDERTAKER Towns of M	* A	A Mari	y Eger	· ·	Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
Place Place File Data OSC 19. 3. Nature of injury 19. UNDERTAKER ON BURNESS ON 24. Was disease or Injury in any way ratated to occupation of deceased? (Address Toward File Company of the Company of t	18. BURIAL, CREMATION, O		ave 1	140	Manner of Injury	
19. UNDERTAKER John Burne 8 ons 24. Was disease or Injury in any way ratated to occupation of deceased? If so, spacify (Signed) James M. D. (Address) Among M. D. (Address) M. (Address	Placa LI Sasy	ect Hill	Data Ost/	19.33		
20. FLED V 11 , 13 Ch Wall Harton (Signed) Garde of St. Mr. Jourge M. D. (Addrass) of success on 8		m Bu	ne 8 or	is f	24. Was disease or Injury in any way ratatad to occupation of deceased?	
	(Jest 11	13× df	Christ	Varion	(Signed) Harried of Dr. Mrs. Jones	Le→ M.D.
Il more blanks are needed, address State Registrar 2427 N Charles Street Religious Passachus T) S No.		NP	ucy / st			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
SURVAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State CERTIFY. That i attended deceased from Date of onset (Specify city or town, county and State)

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	A D. C. Printings	Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	(4) 10	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis:	1827 X 12380	1921	Run over by street car	1 week ago
Cerebral hemorrhage	GURFAU Y.	July 5,1927	Peritonitis	3 days ago
	M. Ang S.F. I made times with Javahan Standarder Standa			
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		1

A. A.	57	TATE OF MARY	YLAND—	CERTIFICATE OF DEATH	1666
infor- state UPA-	1. PLACE OF DEAT	H		62-7	
m of mould occ	County Bal	mound		Registration Dist. No. 33	
shou of O	Village or City Lors	rbhuglow bo	lley	NoSt.,St.,	War
	Langth of rasidance in city	or town where death occurred		ds. How long in U.S. if of foreign birth?yrsme	
CORD. Every PHYSICIANS ict statement	2. FULL NAME (a) Residence: No.	Enrest fa 2923 Pag (Usual place o	ansz. 7	St, Ward. If nonresident give city or town and	State
る出た	PERSONAL AND	STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	
T REC. Y. P. Exac	3. SEX 4. COLOR	OR RACE 5. SINGLE, MARR OR DIVORCED	(write tha word)	21. DATE OF DEATH Sel 12	, 1935
VG T I	5a. If marriad, widowad, or divorce			(Morith) (Day)	(Yaar)
BINDIN ERMANI EXACI y classificte.	5a. If marriad, widowad, or divord HUSBAND of (or) WIFE of	e sia "		22. I HEREBY CERTIFY, That I attended	decased fro
SIN ERI cl	6. DATE OF BIRTH (month, day,	and vear) unknomm	, 1878	Hast saw h walliver I house Vang	: daath is sa
R I	7. AGE Yaars	Months Days	If LESS than	to have occurred on the data stated above, at Am.	
FOR B. IS A PE stated E properly certificate	3.7		I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	Date of onse
- W	8. Trade, profassion, or par kind of work done, a SAWYER, BOOKKEEP	s SPINNER, I bother :	man	of my	
TH d b y b	4 9 Industry or business in	which		chronist byo caracus.	
RV COULD MAN	work was dona, as SI SAW MILL, BANK, et	LK MILL, JCACCO / TO		(Decompunating)	
INK INK S. sh t it	10. Date dacaased last work this occupation (montyear)	ed at 10/12 2 11. Total time	ne (yaars) 6 7	Barrery Barrery	
RES NG I AGE that		welecom	,	Othar Contributory Causes of importance:	
RGIN NFADII olied.	12. BIRTHPLACE (city or town) (Stata or country)			Satisat was dead when physician.	
MARGIN RE UNFADING supplied. AGI n terms, so tha	표 13. NAME	less known		Was Lalled la All Bing	
4 D 4 3	13. NAME 14. BIRTHPLACE (city or town	n) Leaderse		Nama of operation Date of	
WITH fully su n plain at. See	(State of country)			What tast confirmad diagnosis? Was there an a	utopsy?
W William I	15. MAIDEN NAME 16. BIRTHPLACE (city or town	bulennen		23. If daath was dua to axternal causes (VIOLENCE) fill in also the following	:
LY, Wy carefu TH in p	16. BIRTHPLACE (city or tow	n)		Accident, suicida, or homicida? Data of injury	, 19
I S S S	(Stata or country)	015		Whare did injury occur? (Specify city or town, county and State	
Y Z A	17. INFORMANT 29	Harly Har	skey for DC	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ÄČE.
Shou OF	18. BURIAL, CREMATION, OR RE	MOVAL	7	Manner of injury	
WRITE sation station station is	Place Promos J.	Co, Date Clef	15 , 19.30	Nature of injury	
	19. UNDERTAKER IP	chie Boso	9 ED	24. Was disaase or injury in any way related to occupation of deceased?	
B. No.	adin	2 100		If so, spacify	
s z c	2D. FILED LOCK / 2, 19	35 VTMSL	Registrar.	(Addrass) Persua foron med	CM.
		If more blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			19.0

WITH UNFADING INK-THIS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

I PLACE OF DEA	i i i			(23)	,
County	ltimore			Registration Dist. No. 44	<u> </u>
Village or City S1	tation Ho	spital		No. Fort Howard, Maryland St., death occurred in a horpital or institution, give its NAME instead of street a	nd number)
Length of residence in	city or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	_mosds.
2. FULL NAME	Alphonso	Ferracci	0	If U.S. Veteran specify WARNone	
(a) Residence: No.	Fort How	ard, Mary	land	St Ward.	
(a) Nosidenoe: No.		(Usual place	of abode)	If nonresident give city or town	and State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	1
	or or RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 3 (Month) (Day)	193_5 (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	vorced			22. HEREBY CERTIFY, That I atten-	ded deceased from
6. DATE OF BIRTH (month, d	ay, end yeer) Fe	burary 19	, 1902	lest saw him dead 19 to 19 lest saw him dead 0ctober 3 19.	35.; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.			If LESS than	to have occurred on the date stated above, at .3:45 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or kind of work done SAWYER, BOOKKE	, as SPINNER, S	oldier, U		Myocarditis, chronic	Date of onset UNKNOWN
kind of work done SAWYER, BOOKKE Bandustry or business work was done, as SAW MILL, BANK 10. Date deceased last w	in which				
10. Date deceased last w this occupation (m year)	onth and	11. Total species	time (years) ent in this 13 cupation		
12. BIRTHPLACE (city or town (State or country)	Ridgewa Pennyslv			Other Coatributory Causes of Importance: 1. Arteriosclerosis 2. Pulmonary tuberculosis	unknowi
1	ank Ferra			bilateral, chronic	
Ξ	unk	nown			
14. BIRTHPLACE (city or (State or country)	town)	nown		Name of operation Date	Ves
		nown		Whet test confirmed diagnosis? Was there	
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN (State or country) UNKNOWN				23. If death was due to external causes (VIOLENCE) fill in also the folio Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
	al Fort	Howard, M	laryland	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR		ry Date Oct	. 7,19.35	Manner of Injury	
19. UNDERTAKER Sol. (Address) 135	E Balto	more St B	eltimo mi	24. Was disease or injury in any way related to occupation of deceased If so, specify	, No
20. FILED ON 5-73	1934/4/2	Somi	Registrar.	(Signed) J.A. Caldwell Jr., lst.	

Frank Ferraccio

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 weck ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	A STATE OF THE STA	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1,1928 Gastroenteritis

M	item of infor-	should state	of OCCUPA.	/
1	RE RD. Every	-PHYSICIANS	Exact statement	
BINDING .	N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECRD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	icate.
D FOF	A SI SI	e state	e prope	of certifi
RESERVE	IG INK-TH	AGE should b	that it may b	ons on back o
MARGIN RESERVED FOR BINDING	VITH UNFADIN	ully supplied.	plain terms, so	TION is very important. See instructions on back of certificate.
•	E PLANTY, V	should be caref	OF DEATH in	s very importan
V. S. No. 1	N. BWRIT	mation	CAUSE	TION

Langth of residence in city or Lown where death occurred. J. yrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. May Walking two. (If death occurred in a horpital or itualitution, give its NAME instead of street and number) Length of residence in city or town where death occurred. I yrs	PLACE OF DEATH	
Length of residence in city or Lown where death occurred. 2. FULL NAME (a) Residence: No. (b) Lower place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR, BYVORCED (werrice the word) 50. If married, widowed, or divorced HUSSAND of (or) WHFe of Color or North Color of Coro, WHFe of Color or North Color of Coro, WHFe of Coro, WHFe of Color or North Color of Coro, WHFe of Color of Coro, WHFe of Color or North Color of Coro, WHFe of Color of Color of Coro, WHFe of Color of	County & alto.	Registration Dist. No. 38
Length of residence in city or Lown where death occurred. Length of residence in city or Lown where death occurred. Length of residence in city or Lown where death occurred. Length of residence in city or Lown where death occurred. Length of residence in city or Lown where death occurred. Length of residence in city or Lown where death occurred. Length of residence in city or Lown where death occurred. Length of residence in city or Lown where death occurred. Length of residence in city or Lown where death occurred. Length of residence in city or Lown where death occurred. Length of residence in city or Lown who should be and on the lown of for the lown of the lown who should be an analysis of the lown of the lown who should be an analysis of the lown of t	Village or City mx Washing two.	
(a) Residence: No. 6.015 Allamont ASE Ward. PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYNARCE OR DYNAR	/ / /	
Comparison of abode If nonresident give city or town and State	FULL NAME Samuel Street From	d-
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Maried, widowed, or divorced HUSSAND of (or) WHE-of Or) WHE-of HUSSAND of Or) WHE-of Salvage Worked at this occupation, month and 1922 Spant in this scappation. 12. BIRTHPLACE (city or town) (State or country) West there an autopsy? Name of operation. What test confirmed diagnosis? Chancel West there an autopsy? What test confirmed diagnosis? Chancel West there an autopsy?	(a) Residence: No. 6015 allamont	ase Ward.
3. SEX 4. COLOR OR RACE White OR. DIVORCED Currice the wordy 5e. If married, widowed, or divorced HUSBAND of (Or) WHFE-of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Ory IT LESS than Iday, hrs. or min. 3. 28 IT LESS than Iday, hrs. or min. 8. Trade, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. SAWYER, BOOKKEEPER, etc. 10. Date deceased lest worked at this occupation (month and 928 spant in this occupation (month and 928 spant in this occupation (month and 928 spant in this occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) VANYER Name of operation Name of operation Name of operation What test confirmed diagnosis? Clauseal Westhere an autopsy?	(Usual place of abode)	
Se. If married, widowed, or divorced HUSBAND of (or) WHE-of Sela May M Cause HOOD (or) WHE-of Sela May Months Days II LESS than 1 day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEPER, etc. SAWYER BOOKKEPER, etc. SAWYER BOOKKEPER, etc. Sayner in this occupation (month and year) 12. BIRTHPLACE (city or town) May and		
HUSBAND of Gela May M Cause Hood 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than 1 day, hrs. or min. 3. Trade, profession, or particuler kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEPER, etc. 9. Hodustry or business in which work done, as SPINNER, bec. 9. Hodustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at worked at his occupation (month and year) Spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Name of operation. What test confirmed diagnosis? Chancal Wes there an autopsy?	OR DIVORCED (write the word)	Wet 18 1995
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and 1928) spant in this occupation (month and 1928 occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Ware Name of operation Name of operation What test confirmed diagnosis? [Januara] West here an autopsy?	HUSBAND of O	16
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particuler kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as ILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and 1928 spant in this occupation (month and 1928 coccupation) (State or country) 12. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation What test confirmed diagnosis? Ilmural West there an autopsy?	ATE OF BIRTH (month day and year)	2.4
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH AND RELATIONS		10.30
12. BIRTHPLACE (city or town) Waven		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. Warren 16. Date of contributory Causes of Importance: (State or country) 17. Date of Name of operation What test confirmed diagnosis? Classical Westhere an autopsy?	8. Trade, profession, or particular kind of work done, as SPINNER,	Al and the time to
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. Warren 16. Date of contributory Causes of Importance: (State or country) 17. Date of Name of operation What test confirmed diagnosis? Classical Westhere an autopsy?	9. Industry or business in which	Chrone I awarm reactification
year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis? Classical Westere an autopsy?	work was done, es SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Warren State or country) 13. NAME Avanta Sord 14. BIRTHPLACE (city or town) Warren Name of operation What test confirmed diagnosis? Classical Westere an autopsy?	10. Date deceased lest worked at 11. Total time (yeers)	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis? Classical Westhere an autopsy?	Maria 1	
13. NAME Arank Ford 14. BIRTHPLACE (city or town) Warren (State or country) Name of operation Date of What test confirmed diagnosis? Classical Westhere an autopsy?		Munic Mephrano.
14. BIRTHPLACE (city or town) Warren (State or country) Name of operation Name of operation What test confirmed diagnosis? Classical Westhere an autopsy?		
What test confirmed diagnosis? Landell Wes there an autopsy?	14 RIRTHPLACE (city or town) Warren	Name of operation
15. MAIDEN NAME Sus an Fasher 23. If death was due to external ceuses (VIDLENCE) fill In also the following:		
	15. MAIDEN NAME Sus an Frasher	23. If death was due to external ceuses (VIDLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) WWW. Accident, suicide, or homicide? Date of Injury 19		Accident, suicide, or homicide? Date of Injury, 19
(State or country) Where did injury occur? (Specify city or town, county and State)	(State or country)	Where did injury occur?
17. INFORMANT Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 6015 - allaword ave.		Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A A A Manner of Injury	BURIAL, CREMATION, OR REMOVAL A A L ON	Manner of Injury
Place Voplan Carrelly Date John 2 , 1980 Nature of injury		
19. UNDERTAKER Charles 15 Church 24. Was disease or Injury in any way related to occupation of deceased? (Address) 555 M Mronto 557 If so, specify		
20. FILED OCK 19 30 Ill thereby (Signed) Wilmer Q. Onsor	ELEDOCK 19 30 Ill takelle linkom	(Signed) Wilmer O. Quar M.D.
If more blanks are needed, address State Revisited 2011 N. Charles Street Balsimore Requesting 7) S. No.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis IRECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage NOV 7	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

TION is very important. See instructions on back of certificate.

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1 5 E S	County Ballo.	Registration Dist. N
shor of o	Village or City (\$255)	No. death occurred in a hospital or institution, give its NAME instead
very i	Length of residence in city or town where death occurred yrs mos. 2. FULL NAME William B. Forems	
RD. E	(a) Residence: No. Alorsey & Sturant Car (Usual place of abode)	St., Ward.
H to /	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
TT REELY.	3. SEX 4. COLOR OR RACE Married, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Oct. 13

County Balto.	93-c Registration Dist. No. 44
Village or City Cassy	NoSt.,Ward
And the State of t	f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William & Forem	and If U.S. Veteran specify WAR
(a) Residence: No. heavey & Stewart Cos (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Oct. 13 193 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Ludie 6. Foreman (Helch)	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mach. 23 - 1874	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6/ 6 20 Iday,hrs.	I me I WHICH WE CHOSE OF DEWIN and related canses of illihortanea
, 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1	were as follows:
STrade, profession, or particular kind of work done, as SPINNER, Steam fitter	acre Dilation of
9. Industry or business In which work was done as SILK MILL.	heart.
kind of work done, as SPINNER, Iteam futter SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, Itaal & Aohnne SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Primary Courses Chronic myorardites . 450.
year) occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Sacto. Co.	
(State or country) M.d.	
13. NAME Ravid Journam 14. BIRTHPLACE (city or town). Balto Co.	
14. BIRTHPLACE (city or town). Balto Co.	Name of operation Data of
(State or country) Sand.	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME Comma Clemens 16. BIRTHPLACE (city or town). Balts Co.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
6 16. BIRTHPLACE (city or town). Balto Co.	Accident, suicide, or homicide? Date of injury, 19
E (State or country) and.	Where did injury occur?
17. INFORMANT mis. Ludie Foreman (Address) East and.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place morelando mem, Date Oct. 16, 1930	- Nature of injury
19 UNDERTAKER John S. Connelly	24. Was disease or injury in any way related to occupation of deceased?
(Address) lessey ridet	If so, specify
20. FILED 608. 15, 1935 John S. Carnelly	(Signed) I red W young worm,
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy
Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5,1927	Peritonitis 3 days of
		2 2
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis Section 1 year
	1	

IANENTER RD. Every item of infor-ACTLY. PHYSICIANS should state issified. Exact statement of OCCUPA-

MARGIN RESERVED FOR BINDI	3.—WRITE PL	EXA	CAUSE OF DEATH in plain terms, so that it may be properly class	
FOR	IS A	state	prope	Situation
ED	HIS	be a	be	30
ERV	VK-T	pluous	it may	hool.
RES	NG II	AGE	that	iono
ARGIN	JNFADI	pplied.	terms, so	TION is very important See instructions on Last. of sautification
I	WITH 1	fully su	1 plain 1	Spo Tr
	LY,	be care	EATH in	importan
	PL	ponld	OF DI	VAPV
1	WRITE	nation s	AUSE	SI NOI
No. 1	00	=		

1. PLACE OF DEATH	CERTIFICATE OF DEATH 10781
County Baltimore	(13)
Village or City Dundalk	Registration Dist. No. No. 162 Colgate Co-E Wa Wa death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME William B Samba	sds. How long In U.S. if of foreign birth?yrsmos
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 52. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH October 8 (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 1870 Salv 22	1 HEREBY CERTIFY, That I attended deceased from 1929, to School 1935
7. AGE Years Months Days If LE\$S than 1 day,hrs.	to have occurred on the date stated above, at 3.20.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardiovoscularlus dis.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (mostle and	J. Hypertensia 1428
year) spart in this occupation occupation 12. BIRTHPLACE (city or town) Ballimore Mid	Other Contributory Causes of importance:
(State or country) 13. NAME Wm B Gambrill 14. BIRTHPLACE (city or town). Ballimeric Mid	
(State or country)	Name of operation Date of What test confirmed diagnosis? L. L. Was there an au'opsy?
15. MAIDEN NAME Savah Brune 16. BIRTHPLACE (city or town) Scotland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Bessie Fambrule (Address) 262 Colgace Ove 8. BURIAL, CREMATION, DR REMOVAL L	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
Place Gallan for Date Oct 11, 1930	Manner of injury
9. UNDERTAKER Mary In Mudefuce (Address) 50/ E 22 25	24. Wes disease or injury in any way related to occupation of decease.
0. FILED /0/10/35: 19 Moarcuse Registrar.	(Signed) Les Cells M. I. (Address) Les delle M. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 5 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NIPPAU Y. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

	PLACE OF DEATH
1	County Bultiman
	Village or City Sharry

STATE OF MARYLAND

ERTIFICATE	OF	DEATH
Destatuation	D1-1	. 44

ovuity	Registration Dist, No.
Village or City Spanner Pout (No	R. F. DIO St.; Ward) [If death occurred is a hospital or Institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Mule 5 Single, Married, Widowed On Divorced (Write the word)	(Month) (Day (Year)
DATE OF BIRTH Jeb. (Month) (Day (Year)	that I last saw h alive on CLT DIC 1935
80 yrs 8 mos 13 ds or min.?	and that death occurred on the date stated above, at 11. 9 m
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) *BIRTHPLACE* (State or country) Baltimore City	Contributory Charles (Ourston) Contributory Charles (Ourston) Contributory Charles (Ourston)
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 CLIVIAN	(Signed)
(Informant) Men Benny Mencel (Address) Spring Prints (Address) Of the Mencel (Address) Of the	Where was disease contracted, If not at place of death? Former or usual residence

REGISTRAR

If more blanks are needed, address State Registray, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH

M. D.

Registration Dist. No.

ds. How long in U.S. if of foreign birth? yrs. _____mos.___

STATE OF MARYLAND—CERTIFICATE OF DEATH

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

(Day) (Year)

HEREBY CERTIFY That I attended deceased from deeth is said

The PRINCIPAL CAUSE OF DEATH and related causes of Importence

Date of onset

23. If deeth was due to externel ceuses (VIQL ENCE) fill in elso the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,

24. Was disease or injury In any way related to occupation of deceased?

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II	
The principal cause of death and related causes of importance were as follows: NOV 7 1935	Data de annot	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis WEAU V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIAN

ssified.

properly

may

that

carefully

should

H

1

3. SEX

7. AGE

NO

OCCUPAT

FATHER

MOTHER

import

LION

DEATH

OF

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

13. NAME

17. INFORMANT . 2 (Address)

19. UNDERTAKER

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred How long In U.S. If of foreign birth? _mos.____ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) marrie Day) 5a, If marriad, widowad, or divorced HUSBAND of HEREBY CERTIFY, That I attended daceased from (or) WiFE of 6. DATE OF BIRTH (month, day, and yaer) Months Days If LESS than to have occurred on the date stated above, at I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ormin. Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc..... Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased lest worked at 11. Total time (years) this occupation (month and spent in this

Name of operation. What test confirmed diagnosis?_ 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?______ Date of injury______19 Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

N	sture	of injur	y											
14.	was	disaase	01	Intury	nı	anv	Wav	ralat	ed in	BCCI	nati	on of	das	ä

if so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Mannar of injury

occupation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: 0 5 1935 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis DUREAU V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PECELLED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	t MOV 5 1884	July 5, 1927	Perilonitis	3 days ago
	FIREAU V.S.			
Other contributory c	auses of importance:	-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Į

PHYSICIANS should state

statement of OCCUPA.

Exact

be properly classified.

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Baltimore.	Registration Dist. No.
Village or City Renterators (If Length of residence in city or town where deeth occurred 17 yrs, — mos.	No. Mt. Alkasant Janatolian, Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? 5 yrs. mos. ds.
2. FULL NAME Martin Guttenberg (a) Residence: No. M. Pleasant Janatole (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupic the word) Single	21. DATE OF DEATH October 12, 193 5 (Month) (Day) (Yeer)
5s. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from Oct. 10 19 35 to Oct. 12 19 35
6. DATE OF BIRTH (month, day, and year) Warch 19, 1863	liest sew h in elive on Oct /2 19 35; death is said
7. AGE Yeers Months Days If LESS then 1 dey,	to have occurred on the deta stated above, at 12:30 $M_{\rm m}$. The PRINCIPAL CAUSE OF DEATH and rejeted causes of importance
8 Trade protection or particular	Were es follows: Outer Sclerosis Date of onset 1913
8. Trade, prolession, or perticular kind of work dona, es SPINNER, laboratory assistant SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, Juberulais Savatorium, SAW MILL, BANK, etc. 10. Deta deceased last worked at this occupetion (month end 1935) spant in this 1740. occupation (coupation, 1740.	Coronary Thromboris 1935
12. BIRTHPLACE (city or town) Coblents (State or country)	Other Cantributory Causes of importance: Chronic Pulmorny Tuberculous /903
13. NAME Julianing	
13. NAME 14. BIRTHPLACE (city or town) (Steta or country) 22. Coblenty (Steta or country)	Name of operation Date of Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Not known	23. if deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Lerrany	Accidant, suicide, or homicide? Date of Injury, 19
17. INFORMANT Joseph Wolf (Address) Park Spring Warn, Elkin Park, Phila.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Was fee for De Date Oct 14, 1935	Manner of injury
19. UNDERTAKER Lavid Sandkein Son (Addrass) 1902 Enfant Place	24. Wes disease or injury in eny wey releted to occupation of deceased?
20. FILED Oct 12, 1933 - 1870 Slada Registrar.	(Signed) Manuel Fevin M. D. (Address) M. Pleasant Jan., Reestretun M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Q A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

infor- state UPA-	SIAIE OF MARYLAND—	CERTIFICATE OF DEATH
M/	County Baltimire	Registration Dist. No. 44
item of should of OCC	Village or City Esset	No. / Kelassa and St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where deeth occurred 2 yrsmos.	ds. How long In U.S. If of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME Margaret Cecelia Ha	If U.S. Voteran specify WAR.
RECORD. Every PHYSICIANS	(a) Residence: No. / Keldera (Usual place of abode)	St., Ward. Esself hed. If nonresident give sty or town and State
RECC. PH.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L Y.	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH Ctother 10 th , 193 J (Month) (Day) (Year)
DIN IAN A Cassifi	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
BIN PERN EX ly cl	6. DATE OF BIRTH (month, day, and year) Och. 29-1926	i last saw h alive on och. 10 , 1933 ; death is said
	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 9.1. P.m.
FOR IS A F stated properlifica	98 // // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importence were as follows:
- 70	8. Trada, profession, or particular kind of work done, as SPINNER.	Data of virial
ED ED he pe pe of of	SAWYER, BOOKKEEPER, etc.	19193
VK-T should it may n back	9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	acut way proposed
INK INK Sh t it	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and year) 11. Totel time (years) spant in this occupation	
N DIN A So Ictio	12. BIRTHPLACE (city or town) Balto. (State or country) 3nd.	Other Contributory Causes of importance:
MARGIN UNFADI supplied. n terms, so ee instruct		
D to to	I 13.04.	Neme of operation. Dete of
- TO	4 14. BIRTHPLACE (city or town) Salto (State or country) 2m d.	What test confirmed diagnosis?
The little	# 15. MAIDEN NAME Thelma my. Parker	23. If death was due to external causes (VIOLENCE) fill in elso the following:
Y, WITY carefully H in pla	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
INLY, be care EATH i	(State or country) (a,	Where did injury occur?
A D D	17. INFORMANT albert J. Hall (Address) Helena an Essex	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
-WRITE PL mation shoul CAUSE OF TION is ver	18. BURIAL, CREMATION, OR REMOVAL Place 2nd Carriel Date Oct 14, 193V	Manner of Injury
io. 1 WRITE mation si CAUSE TION is	19. UNDERTAKER Johns G. Commolly (Address)	24. Was disaase or injury in any way related to occupation of decaased?
V. S. No.	20. FILEDOLET 14th, 1935 John S. Connelly	(Signed) M. D
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	Name and		
	1.8.	OAMAUG	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1925	M.06.120.	1 year
	COM	AIROGR	
	THE RESERVE AND ADDRESS.		

V. S. No. 1

STATE OF	MARYL	AND-CERT	FICATE	OF	DEATH
----------	-------	----------	--------	----	-------

1. PLACE OF DEATH	1978.9
County BALDIMORE	Registration Dist. No.
	NoSt.,Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yyrs	osds. How long in U.S.If of foreign blrth?yrsmosds.
2. FULL NAME Deletah taxe,	If U.S. Veteran specify WAR
(a) Residence: No. / 30 Clasee Qual (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORDED (write the word) Whole OR DIVORDED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Learge W, Hare 6. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year)	22. I HEREBY CERTIFY, That I ettended deceased from For Secret Hers, to Oct /5 , 1934 - I last saw h. A. alive on Oct / 4 , 1927 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 2 4 m.
86 6 of 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one of
SAWYER, BOOKKEEPER, etc.	Pollera Scleroses ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) for 17 Co Ta	10. let
13. NAME Leone & Leona	1 Country
14. BIRTHPLACE (city or town)	Name of operation 2 2 Date of
(State or country)	Whet test confirmed diagnosis? Cluneal Was there an aulopsy?
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
(State or gountry)	Where did injury occur?
17. INFORMANT Mary Brown aus	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Compate Dat 18, 1931	Manner of Injury
19. UNDERTAKER Woller R Mc Names (Address) 4/1/4 talls Russel	24. Wes disease or injury in any way related to occupation of deceased? Wu
20. FILED Q CX 15 1935 - & & Michael	(Signed) 6.6' (Chols M.D.
Registrat.	(Address) - Augustus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	grand	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	200
1. PLACE OF DEATH	(82:0)	30
County Baltimore	Registration Dist. No.	7
Village or City Luttraville Ind.	No. Seminary Cue St.	Ward
Length of residence in city, or town where death occurred 73 yrs	death occurred in a hospital or institution, give its NAME instead of street and num	nber)
Carrie CO 1 + 11.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME OGNIL I Gator Fras	the will the	
(a) Residence: No. S. M. M. M. G.	Welkyrlle Wate. If nonresident give city or town and Sta	ate.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX June 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 10 (Day)	93 (Year)
5a. Il married, widowed, or divorced HUSBAND of Cor. WIFE of Late Lan Herbert Haslann	22. I HEREBY CERTIFY, That I attended dec	
6. DATE OF BIRTH (month, day, and year) (1442.5 1860	Wast saw ha alive on Oct 700x 1925:	eath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	0411113 3414
8. Trade, profession, or particular	were se followe:	ate of onsat
SAWYER, BOOKKEEPER, etc	Stellet Ganonty	CCF.19
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc		
C- 0.	Other Contributory Causea of importance:	
12. BIRTHPLACE (city or town) January Will (State or country) January	artino Achronia	4 4 4 4
I 13. NAME B. F. Cotor	Gorlor Howardy	77 /727
13. NAME B. F. Cotos 14. BIRTHPLACE (city or town)	Name of operation (Lo Date of	
(State or country) Casteriu Mid	What test confirmed diagnosis? Define * Mynytum Was there an au'o	nev? to
15. MAIDEN NAME Sallie ## 3	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	., 19
(State or country)	Where did injury occur?	
17. INFORMANT MS. Celbert Jo. Getlians (Address) Servinara (ne Futherille Hen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Islumount la Date Oct 12, 1935	Nature of Injury	
19. UNDERTAKED SUSY Melikie et le (Address) Obliged Mi-	24. Was disease or injury in any way related to occupation of deceased?	
10. FILE OCT 12 1935 FRANCIS H. BLAKE Registrar.	(Signed) Jak Colont 16.	M. D.
If more block on a left of the Control	V O A C PAI	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
فالم	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Tuly 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Tuly 5, 1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of onset

BINDING RESERVED ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S. Example I		Example II	
The principal cause of deth and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 300 18 190	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage A	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

- 1+	ADDITIONAL SPA	CE FOR FURTHER S	TATEMENTS	BY PHYSICIAN	4
after	conquetes	4 with	1/2	3.9. 81	oon.
7 Julye	myelle ma	Kamely	Olly	uceda,	decided
and a	arecent	Harry dy	07	natura	Caures
	In	ment	1.an	gell	,
	06	Coroner	9th	Elec. Dr	etret Bal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	1.3	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 110V 3 1933	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

7 1

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	(46-E)	5
County (Ballimore	Registration Dist. No.	2
Village or City Menurod	ND. St.,	Ward
	If death occurred in a horpital or institution, give its NAME instead of street and s	
2. FULL NAME Joseph J. Wasses	If U.S. Veteran specify WAR	
(a) Residence: No. 9. Eliphant ave.	St. Ward.	
(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193. 5 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Out 7 HEREBY CERTIFY, That I attende	ed deceased from
5. DATE OF BIRTH (month, day, and year) June 30, 1861	I last saw h win alive on Out 22 193	S; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.20 m.	
74 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Carcinoma of a tomach	Lyr
9. Industry or business in which work was done as SILK MILL.		
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month and spant in this		
2. BIRTHPLACE (city or town) Balt Md.	Other Contributory Canses of Importance:	
(State or country)	Secondary anemia	3mer
13. NAME Joseph Haur		
14. BIRTHPLACE (city or town) Services (State or country)	Name of operation Date of What test confirmed diagnosis Purpose Mass there are	9
15. MAIDEN NAME amande Tron	23. If death was due to external causes (VIOLENCE) till in also the following	ing:
15. MAIDEN NAME Amanda Tron 16. BIRTHPLACE (city or town) - Mananda Tron (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did Injury occur? (Specify city or town, county and S	late)
17. INFORMANT M. J. Tracer (Address) 9 Elisabet ave.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place / Baltune Date Oct 16, 19 3	Nature of injury	
19. UNDERTAKER Fuella. January Son (Address) 7 40 (Balance)	24. Was disease or injury in any way related to occupation of deceased?	ho
20, FILED 10 62 4 1935 B a Fait Mas	(Signed) Whee Italian	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritohitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis:	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(193)
County Bala	Registration Dist. No.
Village or City Slevann Sun	NoSt Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. If of foreign birth?
2. FULL NAME Mailes M. N	oasou
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The sex of t	21. DATE OF DEATH 2 2 , 193 5 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced	
HUSBAND OF Bossie E. Holson	22. I HEREBY CERTIFY, Thet I ettended deceased from
ma. 15-1905	anaux 1025
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Deys If LESS then	I last sew h elive on Attaches 1932; deeth is seld
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to heve occurred on the dete stated above, by 122 Pm. The PRINCIPAL CAUSE OF DEATH end releted causes of importence
ormin.	were es follows: Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER, Sleet Zinewaws	Caridous Dass
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 10 Judy or business in which work wes done, es SILK MILL SAW MILL, BANK, etc. 10. Dete deceesed lest worked at this occupation (month and specific property).	(occurrent) 1933
work wes done, es SILK MILL SAW MILL, BANK, etc.	
0 10. Dete decessed lest worked at 11. Total time (yeers)	
this occupation (month and 1908 spant in this 6 yrs	
12. BIRTHPLACE (city or town) ach County	Other Contributary Causes of importance:
(State or country) note Carolina	
13. NAME Calin Hodson	74.5.4
13. NAME Cally of town) 2022 Carelina (State or country)	Neme of operation Dete of
(State or country)	Whet test confirmed diagnosis? Was there en eutopsy? A
15. MAIDEN NAME Eller Campbell	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:
2 7 0 0 1	Accident, suicide, or homicide? Occident Dete of injury Oct 22 19 35
16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur? Mean Taldum md.
Bris E Hodger	(Specify city or town, county and State) Specify whether injury occurred/in INDUSTRY, In HOME, or in PUBLIC PLACE
17. INFORMANT (Address)	Cut on transmission fine
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Tell on live wire 1?1 -
Plece Place X Rosas Com Dete CX, 27, 1988	Neture of injury due to electric current
Clause & artin	
19. UNDERTAKER (Address) 73 07k	24. Wes disease or injury in eny wey related to occupetion of deceased?
(Muliess)	If so, specify Cliffy and Harmy H. D.
20. FILED 20. 19 Walter Hammett	(Signed) Laufson M. D. (Address) Fath M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes! Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago ETREBUILD V & Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS

Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) 0.7 Charles John John John John John John John John	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. (If death occurred in a hopital or institution, we is NAME instead of steet and namble?) 4. City of foreign birth? Village of City or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINCIE, MARRED, WIDOWED OR HOUSED Graphic the word) From Manual Control of the Control of City or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. LAGE Vests Menths Days If LESS than 16. Lage of the word of the state of the control of the date stated above, at. 1) 24. (Month) (Word) Village or City or town) (State or country) 10. Lage or town) (State or country) 11. La SIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. MAIDEN NAME 14. SIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. Months 18. BIRTHPLACE (city or town) (State or country) 19. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. MAIDEN NAME 19. BIRTHPLACE (city or town) (State or country) 19. MAIDEN NAME 19. BIRTHPLACE (city or town) (State or country) 19. Mainer of injury Namer of injury 19. MAIDEN NAME 19. J.	(1) - 44 -	
Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town where death occurred. What Length of residence in city or town and state. What Length of residence in city or town and state. What Length of residence in city or town and state. What Length of residence in city or town and state. What Length of residence in city or town and state. What Length of residence in city or town and state. What Length of residence in city or town and state. What Length of residence in Length of the world of the country. What Length of residence in Length of the world of the country. What Length of residence in Length of the world of the country. What Length of residence in Length of the world of the country. What Length of residence in Length of the world of the country. What Length of residence in Length of the world of the country. What Length of residence in Length of the world of the country. What Length of residence in Length of the country. What Length of residence in Length of the country. What Length of residence in Length of the country. What Length of the country is a large of the	County Jaltimore	1 % 4
2. FULL NAME (a) Residence: No. 680.7 Secretary (Bourlahees of hoode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED OR BYORED (crite the weed) It I married, widowed, or divorced In the particular of the weed or will be seen of the particular of the weed or will be seen of the particular of the weed or will be seen or will be seed or will be seen or will be seen or will be seen or will be seen	Village or City Ourles (If	No. O Traid
(a) Residence: No. 6607 Deach Oct. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR APONED Ceris the word on the development of the word of the word on the state of the word of the	Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
Personal and State Persona	2. FULL NAME John I toffman	
DETERMINATION OF BIRTH (month, day, and year) 2. DATE OF DIRTH (month, day, and year) 3. LEX Veers Months Days II LESS than 1 day, hrs. The PRINCIPAL COLORS OF PEATH and related above, at. J. P. J. 19. 3. Less of importance were as closes of importance were as closes of importance were as closes of importance: 2. Last away have a serviced at the stated above, at. J. P. J. J. 19. 3. Less of importance were as closes of importance were as closes of importance were as closes of importance: 3. List saw have done as serviced at the same as SPINNER, SAWTER, BOOKEEPER, etc. 3. Industry or business in which the same as SPINNER, SAWTER, BOOKEEPER, etc. 3. Industry or business in which the same as SPINNER, SAWTER, BOOKEEPER, etc. 3. Industry or business in which the same as SPINNER, SAWTER, BOOKEEPER, etc. 3. Industry or business in which the same as SPINNER, SAWTER, BOOKEEPER, etc. 3. Industry or business in which the same as SPINNER, SAWTER, BOOKEEPER, etc. 3. Industry or business in which the same as SPINNER, SAWTER, BOOKEEPER, etc. 4. SAWTER, BOOKEEPER, etc. 5. DATE OF DEATH 2. LIEST SAW have alive on Cart. In this securation of the date stated above, at. J. P. J. G. J. d. J.		
4. COLOR OR RACE OR INVOKED Consist the word) White of White of Wangaret 1 4 offered HUSBAND (Month) (Day) (Year) 193 1. DATE OF BIRTH (month, day, and year) (August 1 4 offered HUSBAND) 1. AGE Years Months Days IT LESS than 1 day, has, or min. 1. AGE Years Months Days IT LESS than 1 day. has, or min. 1. AGE Years Months Days IT LESS than 1 day. has, or min. 1. BY Firste, profession, or particular with word word was done as STINKER, BOOKKEPER, etc. 1. Houster or business in which work was done as STINKER, and the word work was done as STINKER, and the word word was done as STINKER, and the word was done as STINKER, and the word work was done as STINKER, and the word was done as STINKER, work and the wo		
The profession or particular kind of work done, as SPINNER, SAWFER, BOOKKEFER, etc. 10 June 1		
HUSBAND of Corvife of Magaret Noffman 5. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days If LESS than Iday	OR DIVORCED (gorite the word)	Oct /5 193 \$
5. DATE OF BIRTH (month, day, and year) 6. AGE Years Months Days If LESS than I dayhrs. Ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWRE, BOOKKEER, etc. July Company of the PRINCIPAL CAUSE OF DEATH and related causes of importance, were as follows: Were as follows: I last sawh Manualive on Doct 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit to have occurred on the date stated above, at. 1, 19.35, death is sit	HUSBAND of	22 I UEDERV CERTIEV That I attended deceased from
to have occurred on the date stated above, at \$\frac{1}{1}\text{\text{Man}}\text{\text{d}}\text{\text{min}}\text{\text{d}}\tex	(or) WIFE of Margaret Hoffman	Oct 13 1935 to Oct 15 1935
AGE Years Months Days If LESS than 1 day, has been determined as the stated above, at \$ \frac{1}{10} \$\text{	DATE OF RIRTH (month day and year)	I last saw have alive on Oct 14 , 19.35; death is said
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOUKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOUKKEPER, etc. 10. Date deceased last worker at this eccupation (months and the secupation months and the secupation months and the secupation months are the secupation of the secupation of the secupation of the secupation months are the secupation of the secupa		to have occurred on the date stated above, at 8. 40 a.m.
8. Trade, profession, or particular kind of work dome, as SPINNER, SAM Of work dome as SPINNER, SINKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAM MILL, SAM		ware as follows:
Other Contributory Causes of importance: Other Contributory Causes of i	N Trade profession or particular	- Date of office
Other Contributory Causes of importance: Other Contributory Causes of i	SAWYER, BOOKKEEPER, etc. Dardener	2 yes
Other Contributory Causes of importance: Other Contributory Other Contributory Other Contributory Other Contributory Other Contributory Other Contribu	9. Industry or business in which work was done, as SILK MILL,	
Other Contributory Causes of importance: Other Contributory Other Cont	10. Date deceased last worked at / 11. Total time (years)	
State or country Service State or country Specify city or town, country and State Specify whether injury occur? Specify city or town, country and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	ting cooparion (moliting and)	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER THEY THEY COME TO THE COME TO TH	PIRTURE ACT (cit as taux)	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATISN, OR REMOVAL Place 18. DURIAL, CREMATISN, OR REMOVAL (Address) 19. UNDERTAKER THE Y. Mas. Ohn Y. Journal V. Journal (Address) 19. UNDERTAKER THE Y. Mas. Ohn Y. Journal V. Journal (Signed) 19. UNDERTAKER THE Y. Mas. Ohn Y. Journal (Signed) 10. Same of operation. What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury Nature of injury 19. UNDERTAKER THE Y. Mas. Ohn Y. Journal S. July M. (Signed) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. If so, specify (Signed) What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P		
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? It. BIRTHPLACE (city or town) Date of injury	13. NAME Juhnoun	Ditatation
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? It is maiden name 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury Manner of injury Nature of injury Nature of injury 19. UNDERTAKER THE Condition of deceased? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER THE Condition of deceased? If so, specify (Signed) Manner of injury Nature of injury 24. Was disease or injury In any way retated to occupation of deceased? Manner of injury Nature of injury (Signed) Manner of injury Nature of injury (Signed)	14. BIRTHPLACE (city or town)	Name of operation Date of
(Specify city or town, county and State) 7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAL Place 9. UNDERTAKER TUX (Address) 19. UNDERTAKER TUX (A	(State of country)	What test confirmed diagnosis? Was there an autopsy? A
(Specify city or town, county and State) 7. INFORMANT ACOV Afflugar Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 8. BURIAL, CREMATION, OR REMOVAL Place Date Oct 18, 1935 9. UNDERTAKER TUNNER Ohm Y. Journal V Son (Address) 9. UNDERTAKER TUNNER Ohm Y. Journal V Son (Address) 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 16. Specify City or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. Was disease or injury In any way related to occupation of deceased? 18. Specify Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify wh	15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) filt in also the following:
(Specify city or town, county and State) 7. INFORMANT ACOV Afflugar Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 8. BURIAL, CREMATION, OR REMOVAL Place Date Oct 18, 1935 9. UNDERTAKER TUNNER Ohm Y. Journal V Son (Address) 9. UNDERTAKER TUNNER Ohm Y. Journal V Son (Address) 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 16. Specify City or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. Was disease or injury In any way related to occupation of deceased? 18. Specify Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify wh	16. BIRTHPLACE (city or town) hundrown	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAL Place Ohn Y. Genfel V. Manner of injury 9. UNDERTAKER tu v. Mus. Ohn Y. Genfel V. Manner of injury In any way related to occupation of deceased? (Address) 9. UNDERTAKER tu v. Mus. Ohn Y. Genfel V. Manner of injury In any way related to occupation of deceased? (Address) 1. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury In any way related to occupation of deceased? (Address)	(State or country)	Where did injury occur? (Specify city or town, county and State)
9. UNDERTAKER My Mus. John W. Sendel V Son 24. Was disease or injury in any way related to occupation of deceased? Wo (Address) 80 W. Jayette J		Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER The Mus. John Mr. Genfal V Son 24. Was disease or injury In any way related to occupation of deceased? The (Address) 80 W. Fayetto St. If so, specify (Signed) Mount B. Gregor M.	8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) 80 W. Frageto Bt. If so, specify (Signed) Moves B. Gregor M.	Place I Altinion Date Oct 18, 1935	Nature of injury
20. FILED 10/16 1935 DU Fit My (Signed) Morris 13. Streger M.		
Registrar. (Address) 5545 Harbard NA Palla	20. FILED 10/14 1935 DU Fritz MX	(Signed) Movis 13. Dregul M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 1 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Odlistones	Muy1,1020	ORDIN DENTETE CONTROLLED	1 year

M	item of infor- should state of OCCUPA-
4	PERMANENT RECORD. Every item of infor- EXACTLY. PHYSICIANS should state iy classified. Exact statement of OCCUPA.
BINDING	PERMANENT EXACTLY

STATE OF	F MARYLAND	-CERTIFICATE OF DEATH 10796		
1. PLACE OF DEATH		82-00		
County Baltimore		Registration Dist. No.		
Village or City Turners S	2.3	NoSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U. S. If of foreign birth?yrsmosds.		
2. FULL NAME Andrew K		If U.S. Veteran specify WAR		
(a) Residence: No. WOOQ La	wn Ave. Turne	If nonresident give city or town and State		
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married			
5e. If married, widowed, or divorced HUSBAND of Fannie Y.	Katvara	22. HEREBY CERTIFY, That I ettended deceesed from		
6. DATE OF BIRTH (month, dey, end yeer)	ct. 1st. 1889	I lest saw h alive on, 19; death is seid		
7. AGE : Yeers Months 46 O	Deys If LESS them 1 dey,			
R. Trade, profession, or perticular kind of work done, es SPINNER, He SAWYER, BOOKKEEPER, etc	ater's Helper	Cerebral Apoplexy.		
10. Date deceased lest worked at this occupetion (month and year)	11. Total time (yeers) spant In this occupetion			
12. BIRTHPLACE (city or town) Austrie	-Hungary	Other Contributory Causes of Importance:		
🖺 13. NAME Unk	nown			
13. NAME Unk 14. BIRTHPLACE (city or town) (Stete or country)	44	Neme of operation Date of Whet test confirmed diagnosis? Wes there an autopsy?		
15. MAIDEN NAME	17	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)		Accident, suicide, or homicide?		
17. INFORMANT Mrs Turners S	y Katvara Station	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL PIECE. Cak Lawn	Date Oct. 21, 193	5 Menner of injury		
19. UNDERTAKER John G. CO. (Address) ESSEX	nnelly . Md.	24. Wes disease or injury in any way releted to occupation of deceased?		
20. FILED / 0/2-1/34 / 20	Morrus Registra	(Signed) J. Dundack ax Russeld		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

for-	tate	PA-
f in	ld s	CO
o ma	hou	0
11.	700	0
Every	CIANS	tement
RD	IXS	Sta
ig ig	E/E	Kact
TR	*	Ð
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
PE	E E	rly
IS A	state	prope
HIS	pe	be
E	plu	nay
NK	she	it
1 51	GE	that
DIN	- 4	80
UNFA	upplied	terms,
TH	ly s	lain
WI	eful	in p
E	car	TH
Z.	1 be	石
PL	olno	F I
TE	n sh	E
-WRI	matio	CAUS

See instructions on back of certificate.

TION is very important.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

10797

SIAIL OF MARTENIE	CENTILICATE OF DEATH
1. PLACE OF DEATH	R-a
County Ballemore	Registration Dist. No. 31
Village or City Treas allertons	NoSt.,Ward f death occurred in a hospital or institution, give its NAME, instead of street and number)
Langth of residence in city or town where deeth occurredyrs2_mos	s. ds. How long in U.S. if of foreign birth? 43 yrs. mos. ds.
2. FULL NAME LINGE Katzen	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 23, 193.5 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Oseft Kalzen 1850	22. HEREBY CERTIFY, Thet attended deceased from Del 16 1935, to Del 23, 1935
6. DATE OF BIRTH (month, day (and year)	I lest saw has alive on 22, 19,33; deeth is said
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	to heve occurred on the data stated above, at # 3m. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fracture Dources
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spant in this occupation (month and	7-10/14 No/14
10. Date deceased last worked et this occupation (month and 1925) 11. Total time (years) spant in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or acuntry) Cusara	
I 13. NAME Jacas Harre	
13. NAME HAVE	Name of operation Dete of
(State or country) Resea	What test confirmed diagnosis? Was there an eutopsy
15. MAIDEN NAME Pachel	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Cachef 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? 4. Date of injury 9/16/1935 Where did injury occur? At Sharing his
17. INFORMANT Sarad Katzen (Address) 100 adstredto ma	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place The armel Date Oct. 23, 193.	Menner of Injury Fracture of Surg. Rech Learn
19. UNDERTAKER Jack Laws (Address) 1439 & Ballo St Ballo Ma	24. Wes disease or injury In any way related to occupetion of deceased?
20. FILED Oct 23, 19 3v - Wm & marking Registrar.	(Signad tra 2 Marley M. D. (Address 2 and all of one Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	10/5	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUNGAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory of	eauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

of infor-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10	798
1. PLACE OF DEATH	(93-0)	
County Dalde more	Registration Dist. No. 3	8
Village or City Tarkevell	No. Miles Mg May MA St., (If death occurred in a horpital or institution, give its NAME instead of street and	Ward
Langth of residence in city or town whera death occurredyrsem		number)
2. FULL NAME TRACE! ST	cenner	10-1
(a) Residence: No. Wilsonghby Av	St., Ward.	(/
(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Sex 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (wygie the word)	21. DATE OF DEATH (Month) (Day)	, 1935 (Yaar)
5a. If married, widowad, or divorced HUSBAND of	22, I HEREBY CERTIFY, Thet i attended	deceased from
(or) WIFE of preph the trong to	Rel 28 46 1035 10 Oct 127	1835
6. DATE OF BIRTH (month, day, and year) 157 1886	I last saw head aliva on Oct 12n , 1985	; dealh Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 9:30 CR. M.	
49 8 21 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER. A DUSENOWN	Cerebral Apoplexy	Dat 1935,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Oate decassed last worked et this occupation (month and		
10. Oate dacassed last worked et this occupation (month and year) 11. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total time (years) 1		
12. BIRTHPLACE (city or town) Tulin more	Other Coutributory Causes of Importance: Myocarditis: Chronic, Carlon	Feb. 193
(State or country)	Descrition & three years.	
13. NAM assus ungur	J	
13. NAM assure ungur 14. BIRTHPLACE (city or town) Haufor (State or country)	Name of operation None Clinical Examination What tast confirmed diagnosis? Was there an	autopsy? No
15. MAIDEN NAME Stille Carries 16. BIRTHPLACE (city or town) Hainfox (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
16. BIRTHPLACE (city or town) Hanton	Accident, suicide, or homicide? Date of injury	, 19
State or country)	Where did injury occur?	
17. INFORMANT & 2011 A Commercial Confession of Language Confession	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE.
18. BURIAL CREMATION, OR REMOVAL	Menner of Injury	
Place Dally Mole Date 1999	Natura of Injury	
19. UNDERTAKER THUMOM CANDO GA	24. Was disease or injury In any way related to occupation of daceased?	No
20. FILEO 10/14 , 1935 9. M. Bason	(Signad) Les W Harragarray a	M. D.
Registrar.	(Address) 401 E. 25th Storeet	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	of importance were as follows:	
11		1 week ago
July 5, 1927		3 days ago
-		
May 1,1923		1 year
		1 gear
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.—V

STATE OF	MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(8):0)
	_ /	Registration Dist. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles (a) Residence: No 7/5 West	Jacob King	St. Ward.
(a) Residence: No. 7/5 //	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, R. DIVORCED (with the word)	21. DATE OF DEATH 25, 193 5 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (er) WIFE of Darah Bilds 6. DATE OF BIRTH (month, dey, end year) Jan-		22. I HEREBY CERTIFY, That I ettended deceased from Cury is 31, 1935, to Octaber VS, 1935; deeth is sail last saw himseliva on Octaber 25, 1935; deeth is sail
7. AGE Yaars Months 83 9	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 11.45 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ongo.
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	tcher-	W 5/14
12. BIRTHPLACE (city or town) (State or country)	11. Total time (yeers) spant in this occupation 559	Other Contributory Causes of importence: Souile Dementia 1978
E 13. NAME Jacob King 14. BIRTHELACE (city or town) (State or country) Lemma	wy	Neme of operation Rouse Data of
15. MAIDEN NAME Parsh 13.4 16. BIRTHPLACE (city or town) (State or country)	any Broin Low	23. If death was due to extarnal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CALLED (Address) 92.08 Clifton a 18. BURIAL, CREMATION, OF REMOVAL Places at the one warb company	ne)	Manner of Injury Worle
19. UNDERTAKER John Office (Address) 1900 Entage	lell Hono lone	24. Wes disease or injury in eny way related to occupation of decaased? NO If so, specify
20. FILED	Registrar.	(Signed) M. (Address) Calonswill M. (Address) Calonswill M. (Address) Calonswill M. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 2 1935	July 5,1927	Perilonilis	3 days ago
SURPAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.-

should state

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
----------	----------------------	----	-------

1	0	1	11	1)
1	1	13	U	U

1. PLACE OF DEATH		(52)	4
County Dallimare	,	Registration Dist. No.	
Village or City Dum dat	K	No. 12 flag Shul Ad St., f death occurred in a horpital or institution, give it NAME instead of street and num	Ward
Length of rasidence in city or town where d		t death occurred in a hospital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Freder	ich Posell K	olollo	
(a) Residence: No. /7 Flan	all od	Ci Mand	
(a) Residence. No. 77 1 Car	(Urual place of abode)	St., Ward. If nonresident give city or town and Ste	ale
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 <u>3</u> (Year)
5a. If marriad, widowad, or divorced HUSBAND of	1.44	22. I HEREBY CERTIFY, That I attended dec	assaul from
(or) WIFE of anna K	o legge	ang, 12 th 1935, to October 177, 1935	
6. DATE OF BIRTH (month, day, and year)	eft 22 1881	6 6 107 Da	death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 7	
5411	25 1 day,hrs.	THE TAINCH CAUSE OF DEATH and related causes of importance	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	- nor-1 +		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	m Worrer or	Drabeles mellitus	1933
9. Industry or businass in which work was done, as SILK MILLS SAW MILL, BANK, etc.	thelehem Steel Co		
O I S	11. Total time (years) spant in this		
10. Date deceased last worked at this occupation (month and Feb //	occupation	Othar Contributory Causes of Importance;	
12. BIRTHPLACE (city or town)	D-4	Other Continuity Causes of Importance.	
(State or country)		Coroniana of stem of	1934
13. NAME	Inknown	left ear	
13. NAME Un Known 14. BIRTHPLACE (city or town) // (State or country)		Name of operation imputation of lear Date of M	ay 1934
	4	What tast confirmed diagnosis? LAGE LAGE Was there an au'c	opsy?_?
H	14	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
9	10	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
17. INFORMAND Masy 13 (Address) 19 Flay ship R	enney alk md	F The state of the	
18. BURIAL, CREMATION, OR REMOVAL	6419	Mannar of injury	
Place har on la	Date 1901 10 , 1933	Natura of injury	
19. UNDERTAKER John & De	my	24. Was disease or Injury In any way related to occupation of daceasad?	-0
(Address) 7/5 Lich	t 54	If so, spacify	
20. FILED/8/17/35-T9 000	noarmen	(Signed) Our geenlut	M. D.
1 / - 2	Registrar.	(Address) Drandolp 11	V

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example of VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis The principal cause of death and related causes of importance were as follows: 5 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritical ISEAU V Q	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10801
1. PLACE OF DEATH	(0.7)
County Balto	Registration Dist. No. 43
Village or City Overlea	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME andrew Kum	nelman
(a) Residence: No. 10 C Maple and (Usual play of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Ulute urderwed	21. DATE OF DEAT OF LOS (Month) (Day) (198 3 A
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kummelman	22. I HEREBY CERTIFY that ettended deceased from
6. DATE OF BIRTH (month, day and year)	I Jast saw elive on 64. 22 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
82 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Marco Mating all an
9. Industry or business in which	- Johnse William J. Jan
work was done, es SILK MILL, SAW MILL, BANK, etc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and year) 11. Totel time (yeers) spant in this occupation	
12 BIRTHPLACE (city or town) Balty	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Manager Alallia Track
13. NAME andrew Kummelman	July such of cept 49. area
E Commercial	
14. BIRTHPLACE (city or town)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dont Know	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs Margaret Gerger (Address) 10 Market Journ	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Parpirotof Date ON 24 1935	Neture of injury
19. UNDERTAKER John Ulljust	24. Was disease or injury in any way related to occupation of deceased?
10/100 University	If so, specify
20. FILED 10/23, 1935 St. a. I Mg. M. Registrar.	(Signed) M. D.
If more blanks are needed, address State Revistrar	2413 N. Charles Street Baltimore Persetting 91 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	The second region of the second secon	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ogo
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH	92-20
County Latterne	Registration Dist. No. 2
Village or City Cheatenet Hodge	No. St., Ware f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Managet & Sans	WAR OLD
(a) Residence: No. Pheateust Ruder Cont	Verselle Paro
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oxfor 5 , 193.5 (Month) (Day) (Year)
HUSBAND of House H. Samuel	22. I HEREBY CERTIFY, That I attended deceased from
Jour 1. Jamoic	May 15 ,1935, to October 5 , 1935
DATE OF BIRTH (month, day, and year) 24 7, 1860	I last saw her elive on Sefrt 25, 1935; death is sail
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1230 m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Chronic Kalvular Endocarditis 1933
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (modified and second in this	
SAW MILL, BANK, etc	(Tarbably Loronary Throndosio)
this occupation (ponth end 1934 spant in this year)	35 russi, duration
h lot	Other Contributory Causes of importance:
(State or country)	Urtinio Eclerous
13. NAME Hauson Downs	- Deussay:
2 14	Name of counties
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Man rest William	23. If death was due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Balterings	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Mar Harry Seaf	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Cheaters Ready Date Of 7, 1935	Manner of injury
9. UNDERTAKER W-C. Broke & Sun (Address) Barres med	24. Was disease or Injury In any way releted to occupation of deceased? Ava
OF HED Bot 6 My 12 milliam 1. Chil and	(Signed) Wilmer Co, Onsor M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 'Y'	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritia	1921	Run over by street car	1 week ago
Cerebral hemorrhage CSST CT 10	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M1 1000	Other contributory causes of importance: Gastroenteritis	
Gaustones	May 1,1923	dastroemerius	1 year

of OCCUPA-

PHYSICIANS should state RD. Every item of infor-Exact statement WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLA

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEAT

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46.0
County Caltimore	Registration Dist. No. 44
Village or City Starronchas Chron	No. Desay Owe, St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maggie Leary	If U.S. Veteran specify WAR.
(a) Residence: No. (Cossoy Cure). (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWEO, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH 3 193 (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Edward Lary	22. I HEREBY CERTIFY. Thet I ettended decessed from
6. DATE OF BIRTH (month, day, end year) They Gand 1877	l lest saw h elive on 1901; deeth is seid
7. AGE Yeers Months Oays If LESS than	to heve occurred on the dete stated above, at 3.3 Am.
58 5 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Afficial Months and M	Theman of Stonart vys
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceesed lest worked at this occupation (month end sangular this occupation (month end sangular this securation (month end sa	
11. Totel time (yeers) this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Baltimorel (State or country) Maryland	Other Contributory Causes of importence:
13. NAME William Horney	
13. NAME / Survey 14. BIRTHPLACE (city or town) Sattarnary (Stete or country)	Neme of operation Oete of
15. MAIDEN NAME Mary (Belones)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Ablanch 16. BIRTHPLACE (city or town) About to . (State or country) mary tand	Accident, suicide, or homicide? Oete of Injury, 19
17. INFORMANTO Syraid Lary (Address) Stermiers thim	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PROPERTY OF THE COLD 15, 1935	Menner of injury
19. UNDERTAKER/rederick assignations (Address) The I Salair hood	24. Wes disease or injury In any way releted to occupetion of deceased?
20. FILED. O. J. 1 3, 19 35 V. G. Conp. 8 1/4. Registrar.	(Signed) (Address) 6010 Wally Art - Falt W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 10V 4 1905	July 5,1927	Peritonitis	3 days ago	
. REPRAIL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF M.	ARYLAND-CERTIFICATE	OF DEATH	
-------------	---------------------	----------	--

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10804
1. PLACE OF DEATH	(B)
County Baltimore	Registration Dist. No.
Village or City Spring Grove Hospital - Coton	ownoll Md. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	3 ds. How long in U.S. if of foreign birth? #O yrsds.
2. FULL NAME augusta dewreny	
(a) Residence: No. 3 3 (AL Williams and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SHINGLE, MARRIED, WHOWED, OR DIVORCED (arrie the word) Married -	21. DATE OF DEATH. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of albert Lewrenz	22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1934, to Octaber 13 1935
6. DATE OF BIRTH (month, day, and year) april 27th 1863	I last saw h & aliva on Cet - 13 195 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 1. 40 . G. m.
72 5 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Chronic Myscarditis Date of onset
SAWYER, BDDKKEEPER, etc.	unk
work was done, as SILK MILL, Accessen	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 1D. Date deceased last worked at this occupation (month and yaar) occupation	
7407	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) — ——————————————————————————————————	Chronic apprissio and
	Demile Deinerlige Land
13. NAME Welfelie Zamidola 14. BIRTHPLACE (city or town).	Name of operation 700 Date of
(State or country) Pest orrussia	What test confirmed diagnosis type land the Many Was there an autopsy? to
15. MAIDEN NAME & DA Zarrinski-Maider	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME & TA Jacques le - Wailer 16. BIRTHPLACE (Culture of town) (State of country)	Accident, suicida, or homicida? 20 Date of injury 19
E (Stata or country) Nest Orussia.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT albert Lawram Chusband (Addrass) 3364 Williams and Balton Mich	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOYAL Att, will a by the	Manner of injury
Place of Pauls Cholelly Date OCT 3 - 1933	Nature of injury
19. UNDERTAKER a Ropole + Sou	24. Was diseasa or injury in any way related to occupation of deceased? "NO
(Address) 2-327 Idmondson ave a	If so, specify
20, FILED 10/13 , 19) - Toldridua	(Signed) The Three M. D.
Registrar.	(Address) Cathelack Engl

If more plants de goales address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause it leath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related courses of importance were as follows: Arteriosclerosis	Date at onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	0 1981	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
10			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

N. B.

certificate.

See instructions on back of

TION is very important.

1. PLACE OF DEATH	(201-770)
County 1226To	Registration Dist. No. 38
Village or City Cutsmanulle	No. Ward Stone July St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAMEHALLY M. Liptions	If U.S. Veteran specify WAR 27 4-11
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad	
(or) WIFE of Blanche disphase	22. I HEREBY CERTIFY, That i attanded decaased from
6. DATE OF BIRTH (month, day, end year) 3/8/1/897	i last sew h alive on, 19; daath is said
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, et
07 6 20 ormin.	The PRINCIPAL CAUSE OF DEATH and raiated causas of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	assistantal alast and to
SAWYER, BOOKKEEPER, etc.	freughter sportan of A Hist
work was dona, as SILK MILL, Quarty.	Tawais auth allumination
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaesed last worked at this occupation (month and year) 11. Total time (years) pent in this occupation.	
Back 7/2. 202 1	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	Of grown Lolber
13. NAME formes de bites	Name of operation
(State of country)	What test confirmed diagnosis? Health Wes thar an autopsy? One
15. MAIDEN NAME Willie & WASher	23. If daath was due to external causes (VIOLENCE) Illi in also the followings
[16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Occarled Dale of injury Vet 1, 1931-
(State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT James To Surface of Chaddress III and Care of Care	OSpecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury demonstration
Place Bell Walley Date 4, 1935	Natura of Injury Domanult
19. UNDERTAKER Sala Sme Mally	24. Was diseesa or injury in any way related to occupation of decaased?
(Addrass) at sville mg.	if so, specify
20. FILED Oct 2, 1935 - maislale Bluest	(Signed) Marshall (S. M. D. (Addrass) Caloursulle Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

certificate.

Jo

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLA

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	11	6	11	,	2
-1	U	0	U	P	

1. PLACE OF DEATH	201-700
County Balta Co	Registration Dist. No. 3 Q
Village or City Cotonsrulla	No. Marlin Plane Quaray St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME/instead of street and number) ds. How long in U.S. if of foreign birth?
I to et to	7-
2. FULL NAME duffiel G diplin	If U.S. Veteran specify WAR.
(a) Residence: No (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white avoice of	(Month) (Day) (Year)
5a. K married, widowed, or divorced Mazic Lintylaso	22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of Alivorced.	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 9/3 //900	I last saw h alive on , 19; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
35 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	assolutal death due la Detectorest
Kind of work done, as SPINNER, Latreau SAWYER, BOOKKEEPER, etc	bewature explosion of Soush
Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the second in this occupation).	A fawder during devenition
SAW MILL, BANK, etc. 11. Total fine (yeers)	1-4
this occupation mouth and 3 5 spent in this occupation	
12 BIRTHPLACE (city or town) Bells Valley.	Other Contributory Causes of Importance?
(State or country)	Canadal
13. NAME fames distras	
13. NAME frames distincts 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME VILLE E Jiskeh. 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? Moulton Strue Allauma (Specify city or gywn, county and State)
17. INFORMANT atames H diptrof	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL CREMATION, OR REMOVAL	Manner of injury Dynamicki
Place Delle Valley Woode / 4, 1935	Nature of injury Again and the
Shu men 14	24. Was disease or injury in any way releted to occupation of deceesed?
19. UNDERTAKER ONLY (Address) (Address)	if so, specify
	(Signed) Marshall Bloom M. D.
20. FILED Oct 2 , 1935 Warshall Block	(Address) Catamalle Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1925	Other contributory causes of importance: Gastroenteritis	1 year

See instructions on back of certificate.

should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	11	(/	h.	na,
I	11)	1.	I	

1. PLACE OF DEATH	(23)	
County Baltimore	Registration Dist. No.	
Village or City Mt. Wilson	Mt. Wilson Branch, Md. No. Tuberculosis Sanatoriumst., W f death occurred in a hospital or institution, give its NAME instead of street and number)	Vard
(II Langth of residence in city or town where deeth occurred 5 yrs 2 mos	f death occurred in a horpital or institution, give its NAME instead of street and number) s. 10ds. How long in U.S. if of foreign birth?yrsmos	.ds.
2. FULL NAME Mrs. Emma Loftus		
(a) Residence: No. 2517 James Street (Usual place of abode)	St., Ward. Baltimore, Md. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH October 26 , 193 5 (Month) (Day) (Year	7)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Thomas Loftus.	22. I HEREBY CERTIFY, That I ettanded deceased August 16th, 19 30, to October 26th, 19 3	
6. DATE OF BIRTH (month, day, and year) Sept. 9th, 1884	Hest saw her alive on October 26th 19 35; death is	asid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:15 mAM	3414
51 1 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	Date of o	nset
kind of work done, as SPINNER, Housework SAWYER, BDDKKEEPER, etc.	Pulmonary tuberculosis Nov	•
Kind of work done, as SPINNER, HOUSEWORK SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month Pad.	192	6
1D. Dato deceased last worked at this occupation (month and 1 . 1 927 spant in this 5 yrs.		
12. BIRTHPLACE (city or town) Baltimore	Other Coutributory Causes of importence:	
(State or country) Maryland	None	
置 13. NAME Harry Bender		
13. NAME Harry Bender 14. BIRTHPLACE (city or town) Unknown	Name of operation No operation Date of	
(Stete of country) Intally Lattu	Whet test confirmed diagnosis? X-ray, and Was there en autopsy?	No
15. MAIDEN NAME Alice Peregoy	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:	tum
15. MAIDEN NAME Alice Peregoy 16. BIRTHPLACE (city or town) Unknown (Stata or country) Maryland	Accident, suicide, or homicide?	
17. INFORMANT Louis R. Schuerholz (Address) Mt. Wilson, Md.	(Specify city or towo, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DE REMOVAL	Manner of injury	
Plate out 29, 19 31	Nature of injury	
19. UNDERTAKE Frank A. Haurel (Address) Pitesvill, md.	24. Was disease or Injury in any way related to occupetion of deceased? NO	
20. FILEDORYS 8 , 135 E Julhalo Reciprar.	(Signed) Mt. Wilson, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of spilepsys . A Charles	1 week ago
Chronic interstitial nephritis	1921	Run over the street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis GEGT & ADN	3 days ago
		NECELVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County / Salliman	CERTIFICATE OF DEATH
0/+	Registration Dist. No. 42
Village or City Ustulus (No. 1131 Man	St.: Ward) (If death occurred in a hospital or institution, give Its NAME II
2FULL NAME Gustav als	stead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a sex 4 color or race 5 single, Married, Widowed. Manual Market (Write the word)	16 DATE OF DEATH October 7, 1935 (Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that last saw h salive on Och 7, 1934,
	and that deeth occurred on the date stated above, et / 45 Pm.
77 yrs. 5 mos. 16 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work Cabinet maker	1/ Cuerl bloor - labory
(b) General nature of industry business, or establishment in	
which employed or (employer)	Contributory The grant of the large
9 BIRTHPLACE (State or country)	Secondary Lag.
10 NAME OF	(Signed) M. D.
FATHER MAKINGTON	6d 8 1931 (Address) Jb Cathlely
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
The state of Mother of Mot	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of desth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) ms. many mack	Former or usual residence
(Address) 1/2/ Fraiden Chrise Rd	Louden Park Cometing Oct. 10, 1935
15 Filed (Tfg 1935 Nokiester	20 UNDERTAKER SAME ADDYESS,

If more blanks are needed, addre.s hate Registrar, 16 W. Salatoga St., Belto., Requesting V. S. No. 1.

V. S. No. 1

N. B.--

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise columns, etc. Womlaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. cupation is very important, so that the relative healthshould additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from... gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (neor given up on account of the DISEASE CAUSING DEATH. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on be used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-6 For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> absident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetahus) may be stated under the head of "contributory." carpolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, American Medical Association.) fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	1081	13
County Baltimale	Registration Dist. No. 30	
Village or City Catorwille (IF	No. 7. M. Mallissay Mark. St., death occurred in a horpital or institution, gipf its NAME instead of street and number)	_Ward
Length of rasidence in city or town where deeth occurredyrs,mos.	3 ds. How long in U.S. if of foreign birth? 55 yrs. mos.	ds.
2. FULL NAME BELNALD Mark	A Had made this his resid	ence-
(a) Residence: No. 7 21. Rolling Road	// St., Ward.	
(Usual place of shode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	_
Male Subite Married (write the word)	Oct. 24, 193.	5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Markey	22. HEREBY CERTIFY, That I attended decease	
6. DATE OF BIRTH (month, day, and yeer) Dec. 6.1 1858	Hest saw hua_alive on Oct 24 ,1935; death	
7. AGE Years Months Deys If LESS than	to have occurred on the data stated abova, et/Pm.	
77 10 3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:	ofonset
8. Trada, profession, or particular city employee kind of work done, as SPINNER, Lety Rochcelle M2 SAWYER, BOOKKEEPER, atc	T A N S A N	7
S Industry or business in which	traduced skull od	24.35
work was done, as SILK MILL, SAW MILL, BANK, etc.	All davis Cellar Sports	
10. Date deceased last worked at this occupation (month and 1926 spart in this year)		
	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Achi Ed Loeber	
13. NAME Ankenowal	Caroner.	
13. NAME Unkerrown 14. BIRTHPLACE (city or town)	Nama of operation	
(State of Country)	What test confirmed diagnosis? Suppose Was there an autopsystem with the work of the work	ma
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to axternal causes (VIOL ENCE) fill In also tha following:	
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of Injury Of 24, 15	35
M. SII O. H. H.	Where did injury occur? 1100000 (Specify city or town, county and State)	
17. INFORMANT / Rallisson R Jaston	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Fell down Cellar Stats	
Mesor Rochelle M. J. Dote De Ct. 2819.3.5	Nature of injury Fractured Chull	
19. UNDERTAKER Easton Sory Ellicatt Cil	14. Was diseasa or injury in eny way related to occupation of deceased?@	
20 FILED Oct 25 1955 Marshall & West	(Signed) marsfalle 13 west	M. D.
Registrar.	(Address) Calendalla lug	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- 10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of spilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by streep car	1 week ago
Cerebral hemorrhage	July 5.,1927	Pertinitis 100	3 days ago
		TO TO	
Other contributory causes of importance:		Other contributory causes of importance:	MI DIE
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ertificate.	
Jo	1
back	-
on p	
instructions	
See	-

properly classified.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	13	0	1	1 4
-1	V	0	3	1)

1. PLACE OF DEATH	93-2
County Balto	Registration Dist. No. 42
Village or City Dorchester Heights	No. Tehl av St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rachel Meyers	Ho War
	Ten Aleightord. Record. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Freeda 4. COLOR OR RACE OR DIVORCED (write the word) White	21. DATE OF DEATH Out 2 193.5
5a. If married, widowed, or diverced	(Month) (Dey) (Year)
(or) WIFE of Grosge P. Mayers	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Jan 2/st 1861	I last saw h. L. alive on act, 2, 1980; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 3. Fr. m.
74 8 1/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Acteriacellostes - Cardio -
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et his occuration (month etc.)	Vascula Direare 1933
10. Date deceased last worked et this occupation (month end year)	Laurey Cause: Chaosia myocanditis.
12. BIRTHPLACE (city or town) New Onleans	Other Contributory Causes of importance:
(State or country) Za.	- Auricular Fibrillation 9/15/35
14. BIRTHPLACE (city or town)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Faurie Butler	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Alexander (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Unive X. Witzgall	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Balto Oate Of 54, 19.35	Manner of injury
19. UNDERTAKER W Cook	Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased? No
20. FILE A 3 135 Ge Mike Der	(Signed) I Peter Meranch M.D.
Registrar.	(Address) 1110 W. Narch Aal
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Battimore had,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1996	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5,1927	Peritonitis	3 days ago
			4.5
Other contributory causes of importance:	Felician	Other contributory causes of importance:	111 19 2
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

infor-

OCCUPA-

of

pluods

1. PLACE OF

County____ Village or Ci

Length of resid

PERSON

HUSBAND of (or) WIFE of

6. DATE OF BIRTH

2. FULL NAI (a) Residence

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

13. NAME

19. UNDERTAKER

(Addrass)

STATE OF MARYLA	ND—CERTIFICATE OF DEATH 10811
DEATH	(201-m)
Baltimore	Registration Dist. No. 30
ty Catoroulle	No. Western Stone Quant St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
lance in city or town where theath occurredyrs.	mosds. How long in U.S. if of foreign birth?yrsmosds.
ME H mc mille	
e: No. Charlettervelle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
AL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE Cohe S. SINGLE, MARRIED, WO OR DIVORCED (write)	
d, or divorced they hint Willes	
mis of an mull	22. I HEREBY CERTIFY, That I attended deceased from
month, day, and year) Our 28- 1881	I last saw h alive on 19 ; death is seid
1 day,	SS than to have occurred on the date stated above, at
4 1 3 or	mtn. were as follows:
sion, or particular	accidental beath due to

5a. If married, widows 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 40. Date deceasad last worked at 11. Total tima (yaars) spent in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town (State or country) 14. BIRTHPLACE (city or town) Nama of oparation. (Stete or country) What test confirmed diagnosis? 15. MAIDEN NAME Accident, suicide, or homicide?_ 16. BIRTHPLACE (city or town) va (Stata or country) Where did injury occur?. (Specify city or towns county and State)
INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disaase or injury in any If so, spacify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample 1		Example 11	
The principal cause of de of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	NOV 2 1935	1921	Run over by street car	1 week ago
Cercbral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

RD. Every item of infor-PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. LY, WITH UNFADING INK-THIS IS A PERMANENT IN mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING N. B.-WRITE PL. V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	ial.
1. PLACE OF DEATH		820 108	12
County Balterno	re	Registration Dist. No. 30	
Village or City Catours	wil la	No. Harlem Ladge St.	Ward
Length of residence in city or town where death	(11	death occurred in a hospital or institution, give its NAME intend of street and number 2.5 ds. How long In U.S. if of foreign birth?	ber)
11111	1 (now long in 0.5. If of foldigh bitth:7_3_ syls,mos,	
2. FULL NAME /V/O(4)	L DARAH	······································	
(a) Residence: No. 2 8 3 7 Pa	(Usual place of abode)	St., Ward. If nonresident give city or town and Stat	e
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female Volite	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH tober 13 ,19	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of alout 1853-4 6. DATE OF BIRTH (month, day, and year)	hugol	22. I HEREBY CERTIFY, That I attended dece	ased from
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 140 2 m.	iatn is said
81-82	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	well	Orebial Cours	ata of onset
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12 PIRTURE LOT (silver la constitución de la consti		Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) Polan	d		
II 13. NAME David Sele	warts		
13. NAME David Sel	J	Name of operation Date of	
(State of country) Y acar	d	What test confirmed diagnosis? Was there an au'op	sy? 4
15. MAIDEN NAME / tenda		23. If death was due to external causes (VIDL ENCE) fill in also the following:	
15. MAIDEN NAME / Seuda 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?Date of Injury	, 19
(State or country) Tolan	a	Where did injury occur? (Specify city or town, county and State)	
	ed are	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	~
18. BURIAL, CREMATION, OF REMOVAL	10-14-35	Manner of Injury	
Kelingy ffinn from Di	nte, 19	Nature of injury	
19. UNDERTAKED 114 3 6.	elw of	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 10/13 , 19	Sudden!	(Signed) Will Auston fr (Address) Patous wello	M. D,
If more blank		Tarr N. Charles Street Baltimore Page 91 C. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 101 2 105	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING	N. B.—WRITE AINLY, WITH UNFADING INK-THIS IS A PERM. information should be carefully supplied. AGE should be stated	OCCUPATION is very important. See instructions on back of cer
	N. B.	
	14	-63

HEALTH D	DEPARTME	ENT-CITY	OF	BALT	IMORE
----------	----------	----------	----	------	-------

	an on the control of
	E OF DEATH (22-2)
1. PLACE OF DEATH	Registered No. (1f death occurred in
CITY-OF BALTIMORE: (No. 8118 Harfore Rd.	a hospital or institution, give its NAME instead of street and number.)
	.mos,ds. How long in U. S. If of foreign birth?yrsmosds. If U. S. Veteran
2. FULL NAME Annie D. Morrison	specify WAR
(a) Residence: N8118 Harford Rd. (Usual place of abode)	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed. or Divared (write the word) Willow	21. DATE OF DEATH (month, day, year) 10/5/35, 19 22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of William H. Morrison (or) WIFE of	I fast saw handlive on Company, 19. Death is said
6. DATE OF BIRTH (month, day, year) June 15 1850	to have occurred on the date stated above, atm.
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows://
85 3 25 1 day,hrs. ornin.	Rull flemplique
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	not del to serebral hemovingen but
work was done, as silk mill, saw mill, bank, etc. 10. Dato deceased last worked at 11. Total time (years)	Other contributory causes of important:
year) occupation	Anno / se
12. BIRTHPLACE (city or town) (State or country)	Was an operation performed?————————————————————————————————————
(Dute of Country)	For what disease or injury?
13. NAME Andrew 7 Myers 14. RIRTHPLACE (city or town). Genmany.	Name of operation
14. BIRTHPLACE (city or town)	What test confirmed diagnosis?Was there an autopsy?
	23. If death was due to external causes (violence) fill in also the fol- lowing: Accident, suicide, or homicide?Date of injury, 19
15. MAIDEN NAME The Recover 16. BIRTHPLACE (city or town) Hiskursur (State or country)	Where did injury occur?(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANTRODER L. Morrison (Address) 6215 Fairs Oak Ave	place
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Baplato. Cem Date 10/9/35. 19	Nature of Injury
19. UNDERTAKER Leonard J. Ruck (Address) 5305 Harford Ed	24. Was disease or injury in any way related to occupation of deceased
20. FILED / 0/7 , 1935 G.M. Bacon	(Signed) M. D.

Registrar

4706

10813

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury eausing death. As related causes, name carlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries.

Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage NOV 7 1935	July 5, 1927	Peritonitis	3 days ago
NUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

If so, specify

If more blanks are needed, address State Registrat, 2427 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed)

(Address)

M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examp	le I		34	Example II	
The principal cause of death ar of importance were as follows:	d related	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis			1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		au	1921	Run over by street car	1 week ago
Cerebral hemorrhage	15 P		July 5,1927	Peritonitis	3 days ago
*	> 0	P			
Other contributory causes of in	portance:	- E		Other contributory causes of importance:	-
Gallstones	(3 14	May 1,1923	Gastroenteritis	1 year
	1 2	0			
	124		4 6 5		
	The state of the s	18 W N			

BINDING

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- H	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	
3-				

19. UNDERTAKER (Address)

1. PLACE OF DEATH

10816 STATE OF MARYLAND—CERTIFICATE OF DEATH

	(108)
<u>کو</u>	No. Registration Dist. No. 42 No. St., Ward
edyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
Comer Pa	trick
al place of abode)	St., Ward. If nonresident give city or town and State
ARTICULARS	MEDICAL CERTIFICATE OF DEATH
E, MARRIED, WIDOWED. VORCED (write the word)	21. DATE OF DEATH 27 , 1935
	(month) (bay) (leal)
ishe & Boneu	22. JHEREBY CERTIFY. That I ettended deceased from 25 Sept 20, 1935, to C. 27, 1935
5 3-1889	I last saw hand alive on
If LESS than	to have occurred on the date stated above, etm.
ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were as follows:
-R	To Con Pracumo Soft
ORR	
Total time (years) spent in this	
occupation /_ /_ /	Other Contributory Causes of Importance:
on Clod.	Boster drangficeaning unfuno
. Patrick	
man	Neme of operation Date of
~d·	What test confirmed diagnosis Was there an autopsy?
e Houghton	23. If death was due to external causes (VIDL ENCE) fill In also the following:
worth and.	Accident, suicide, or homicide? Date of Injury, 19
u Patrick	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Memo	
Oct. 29,1935	Nature of Injury
e Inc	24. Was disease or Injury In any way related to occupation of deceased?
2/11	If so, specify
Kieffer	(Signed) M. D.
Resistrar.	(Address) Solo prince and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	P.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	59
County Baltimozs	Registration Dist. No. 42
/ Village or City Rosemont	No. Lowes Lana Que St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	
2. FULL NAME Daa Q. Pearson	
(a) Residence: No. Louis caux aux	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	, MEDICAL CERTIFICATE OF DEATH
J. SEX. 2. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH October 20, 19335
50. If married, widowed, or divorced HUSBAND of (Or) WIFE of William France	22. 1 HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year) Sand 11 th 187	7 I last saw h elive on 10 to 30 , 19 ; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the date steted above, at 83m.
58 1 9 1 dey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER. Maid. SAWYER, BOOKKEEPER, etc.	2.
The state of the s	Dispetes hell. Onkrown
work wes done, es SILK MILL outher Hotel	Strating 5 Ma.
O 1Q Dete decessed last worked at this occupation (month and spent in this	
yeer) occupetion	Other Centributory Canses of importence:
12. BIRTHPLACE (city or town) Salts Md.	Disfet Como 2 days
2: 00:	
Ε	Neme of operation. Dete of
[14. BIRTHPLACE (city or town)	Neme of operation. What test confirmed diegnosis? Was there en autopsy? Ar.
" 15. MAIDEN NAME Sophie Butler	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Butto Md.	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MED TOYA. Mclery (Address) Louis and are Rosenant	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Loudou Parh. Dete 10 - 37, 1935	Nature of injury
19. UNDERTAKER Brand 6. Hasle (Address) 1000 5 Paca St	24. Wes disease er injury in any way releted to occupation of deceased?
20. FILEOUT 23 , 135 Le Frefee Kegistrar.	(Signed) Bernard: Ferry M.D. (Address) 900 W Land 1+
If more blanks are model address Side Parish as	N. Charles Street Bellinson Bernard St. S. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 2 1955	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUNEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
--------------------------------	------------	----	-----------

SI-act

	County Bulling
1	1.64 5
Vil	llage or City very Glysska (No.
	2 FULL NAME Jowely Perry
	PERSONAL AND STATISTICAL PARTICULARS
3 :	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)
6	DATE OF BIRTH
	(Month) (Day) (Year)
7 /	AGE If LESS than I day
_	43. yrs. mos. 8 ds. or min.?
8 ((a) Trade, profession or Atune with particular kind of work
	barticular kind of work
≥ È	ousiness, or establishment in
-	which employed or (employer)
Ø 6	(State or country) Wooltin England
-	1 10 NAME OF
	FATHER Heurs Rushbure
TS	11 BIRTHPLACE OF FATHER
ENT	(State or country) Sueffered
AR	of Mother Sun /
4	
	OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	Sinder Correr
	(Informant) Terlyn Perry
	(Informant) Terlyn Cerry (Address) Reestersture Und
15	(Address) Reestershire Med
15	(Address) Reesleithin Med

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.) Ward)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Scrober 18 Court, 1985
(Month) (S (Day) 1935 (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
Dek 6 19235 to Oct (8 , 1923)
that I last saw had alive on Oct 17 , 1927
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
archier & myscarace.
Chronic myccarditis/ (Duration) / yrs. mos de.
Contributory Carden Dusufficient
(Durstion) yrsmos. / Q.ds.
(Signed) Akarbase M. D.
QCLI & 1922 5 (Address) 9 legester leg
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
*State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
*State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct 20, 1935.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cool Housemaid, etc. If the occupation has been change work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement Physician, Compositor, Architect, especially in industrial employments, it is neces-For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only, definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of teignus may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. affection valvular heart disease; The contributory Always qualify all need Measles; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

V. S. No. 1

STATE OF MARYL	AND-	CERTIFICATE OF DEATH 10810
1. PLACE OF DEATH,		(13)
County Bally, OO		Registration Dist. No.
Village or City owson made	/10	NoSt,Ward
Length of residence in city or town where death occurred 20_ye	rs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maniel Prirve	nes	, you U. S. War O Meran in World
(a) Residence: No. 353 Hillew Rd	Tous	OSRIM Chard. Vate
(Usual place of abo		If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, OR DIVORCED (write and other states)	widowed, ite the word)	21. DATE OF DEATH 27 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of martha Turving	2	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 18 86 June	10,1884	last saw h_32 alive on
	II LESS than	to have occurred on the date stated above, atm.
The or-	ay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lakerer		Chines del Josephone
kind of work done, as SPINNER, SAWMILL, BANK, etc		- July
SAW MILL, BANK, etc.		
10. Date deceased last worked et this occupation (month and year)	ears) his	
LAND ANGE		Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	ma	
13. NAME Samuel Purving	22	
I 4. BIRTHPLACE (city or town)	0. /	Name of operation Date of
(State or country)	Mal	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME (Around Horn	0	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	In 1	Accident, suicide, or homicide? Date of Injury, 19
Ostaling Park adag	90	Where did injury occur?
(Address) 2 2 (A Magnehanna)	are	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place LONG AREAN CEMPAN TO 30	- 1935	Manner of injury
Prince of the state of the stat	1920	Nature of injury
19. UNDERTAKER DANGET MAME A. A. N. M. (Address J. J. & M. C. Blackery St. Balta	Ind	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20. FILED OCK 30, 1935 G. W. B.	acou Registrar.	(Signed) Received M. D. (Address) 2829 Leefn D.
If more blanks are needed, address	State Registrar, 2	1411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car 1927 Peritonitis Date of onse 1 week ag 1 week ag 3 days ag
1 Run over by street car 1 week as
1927 Peritonitis 3 days ac
Other contributory causes of importance:
1923 Gastroenteritis 1 year

200			of but		
			Johns		3-275
	U	0	0	1	13

V. S. No. 1

N. B.-

(Address)

STATE OF MARYLAND	CERTIFICATE OF DEATH 10820	
1. PLACE OF DEATH	59	
County Balto.	Registration Dist. No. 44	
Village or City middle River	No. Bredsl's Pash St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
	ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Harry G. Pyle	If U.S. Veteran specify WAR.	
(a) Residence: No. meddle Person Ind	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of La 6. Pyles	22. I HEREBY CERTIFY, That I attended decessed from	
6. DATE OF BIRTH (month, day, end yeer) Jeb. 10 - 1878	I last saw h. Calive on Colon 7, 1975; death is said	
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, et	
57 7 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:	
8. Trede, profession, or particular kind of work done, as SPINNER, Poke Author	Diesbeler suelilla	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month end		
10 Date deceased last worked at this occupation (month end year) 11. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total time (years) 15. Total time (years) 16. Total time (years) 17. Total time (years) 18. Total time (years) 18		
12. BIRTHPLACE (city or town) Salto. (Stets or country) 2nd.	Other Contributory Causes of Importance: Backeling 1934	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Deteror What test confirmed diagnosis? Change of Was there en europsy? Co	
E 15. MAIDEN NAME Zunkmann	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
I IS DIDTINI ACE (she see a see	Accident, suicide, or homicide? Date of Injury 19	
16. BIRTHPLACE (city or town) / (State or country)	Where did Injury occur?	
17. INFORMANT Geo: J. tyle (Address) Constern Im m moth PT Rd.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place St, mary (Tamp Date Och. V , 1935	Nature of injury	
19 UNDERTAKER John S. Connelly	24. Was disease or injury in eny way related to occupation of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial neglipitis NOV 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis -	3 days ago
Land Control of the C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10821
1. PLACE OF DEATH	9:0
County Gallimul	Registration Dist. No.
Village or City Cuelly Sulle	March St Ward
Length of residence in city or town where doth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2. FULL NAME Rachel Ray	ds.
(a) Residence: No. Crekeysselle	Ch Word
Osual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH COCLOSER 30 , 193 35
5d If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from
111-110-57	12 19 35, to Callet 20 19 36
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h Lalive on Cley 15 3-0 , 193 5; death is said
70 1 day,hrs.	to have occurred on the date stated above, at
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (many the and the state of the securation (many the and the securation (many	were as follows: Date of onset
Andustry or business in which work was done, as SILK MILL.	Ovo ove organization
SAW MILL, BANK, etc	<i>H</i>
O 10. Date deceased last worked at this occupation (month and year) - 10. Spent in this occupation . 50	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (Change country)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANY Record Warour slower (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURTAL, CREMATION, OR HENOVAL Que Oct 73" 1935	Manner of injury
19. UNDERTAKER (Addiess) 1003 W. Baltimore St.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 22. my, 1935 William & lefilout Registrar.	(Signed) (September M. D. (Address) Cressus M. D.
If more blanks are needed, address State Registrar, 2	MALL N. Chayles Street Beltimore Pennster 91 N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 7 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH County Baltin 700	Ba PLATH
1	Village or City About The Property of the City of the	Registration Dist. No.
	(1	f death occurred in a hospital of institution, give its NAME instead of street and number) s
	2. FULL NAME however to Red	non &
	(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 15 19835
58	. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
-	(or) WIFE of Whice formones	22. HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day, end year) May 13, 1868	I last saw h alive on
certificate	AGE Years Months Deys If LESS then 1 day, hrs.	to heve occurred on the date stated above, at 8: 450. m.
-	ormin,	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Date of onset
Dack	9. Industry or business in which	
	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Januar Januar
0	10. Date deceased last worked at this occupation (month and year)	
Torus I	C L Occupation 9	Other Contributory Causes of importance:
12	(State or country)	le tero 2 chroad
HER COC	13. NAME of Carron	Ayas
FATH	14. BIRTHPLACE (city or town)	Name of operation.
~	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME MORIEM	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	(State or country)	Where did injury occur?
17.	INFORMANT (Address) Code The C	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Welly Othe Date Met 1 1, 1938	Nature of injury
19.	UNDERTAKER AUGUS Sandler (Address) 14 3-E PHASTON	24. Was disease or Injury In any way related to occupation of deceased?
20.	FILEDOL 16 18, 1934 G ANGOMICA M.	(Signed) M. D.
11	Regisprar.	(Address) 1) 33 James Que Dallo, Ma

V. S. No. 1

-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	69	02	Example II	
The principal cause of death and relate of importance were as follows:	ed causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	00	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	7	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	5 0	July5,1927	Peritonitis	3 days ago
Ô	8			
Other contributory causes of important	· ·		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE (OF MARYLAND-	CERTIFICATE OF DEATH	1 10823
1. PLACE OF DEATH		82-00	117
/ County Baltimore		Registration Dist.	No. 40
Village or City Perry / V	ell	No. Caref Chakel No. death occurred in a hospital or institution, give its NAME inst	ed St., Ward
Length of residence In bity 95, town where	79.60	ds. How long in U.S. If of foreign birth?	
2. FULL NAME-John	h Abichort	If U.S. Veteran specify WAR	
(a) Residence: No. Camp	Wake Prod	St Ward.	
(a) residence. No. 1 sees	(Usual place of abode)		city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	4 5
male White	Married	(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	17:01	· HEDERY GERTIEV	
(or) WIFE of Mary CO.	Keichert	1 HEREBY CERTIFO	hat I attended deceased from
C DATE OF BIRTH (CALL	1:00 1862	I last saw h alive on 4	, 19 34; death is said
6. DATE OF BIRTH (month day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 130	
73 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of	
8. Trade, profession, or particular	min,	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	Can had branen here	0.12.
9. Industry or business in which		See acres of the second	MM1.03
work was done, as SILK MILL, SAW MILL, BANK, etc		-	
	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	0. 60.	afinos cleves	?
(State or country)	yano	-	
14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)	now	Name of operation	
(State of country)	m	What test confirmed diagnosis? They were stay	Was there an autopsy?
15. MAIDEN NAME) 16. BIRTHPLACE (city or town)	m	23. If death was due to external causes (VIOLENCE) fill is a	iso the following:
5 16. BIRTHPLACE (city or town)	now,	Accident, suicide, or homicide? Dete	of Injury, 19
(State or country)	own	Where did Injury occur? (Specify city or town	county and State)
17. INFORMANT Make Con Reco	chert	Specify whether injury occurred in INDUSTRY, in HOME,	or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	- / - *	Manner of Injury	
Course Chafeel Con	1. e. Dat Oct 6 1935	- Nature of injury	
19. UNDERTAKER/Trederick	esafunt form	24. Was disease or injury in any way related to occupation	of deceased?
(Address)	er hogy	If 36, specify	0010-000
20. FILED 90 3 3, 19 WW	N N Sth Mills Registrar.	(Ardress) 4616 1 then	Bartany M.D
If mor	e blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

should state of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1	4	4	1
,			6	-

1. PLACE OF DEATH			(121)		21
County Baltimore)		(131)	Registration Dist. No.	8/
Village or City Haywood 1	leights		No.		St Ward
Length of residenca in city or town whera	dants	ife (I	f death occurred in a horpital or institution	on, give its NAME instead of stre	set and number)
2. FULL NAME Albert J.					ds.
(a) Residence: No. Liberty			If U.S. Yeteran speci	fy WAR	
(a) Residence: No	(Usual place		St., Ward.	If nonresident give city or to	wn and State
PERSONAL AND STATIST	ICAL PART	CULARS	MEDICAL CE	RTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE WILLOW	RIFD, WIDOWED, D (gwrite the word)	21. DATE OF DEATH	(Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Agnes C	.Rippel	meyer	22. Jaw 12	CERTIFY, That I at	
6. DATE OF BIRTH (month, day, end year)	et. 8/	853	I last saw h. 1200 alive on	Oct 23 ,1	9.20 death is said
7. AGE Years Months	Deys	If LESS than	to have occurred on the date stated	above, at P. m.	
82	20	orhrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	I and related causes of important	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, Research	tired				Date of onset
Industry or husiness in which				sho tre	
work wes done, as SILK MILL, In	surance	Broker	Chronic interstit	11	Crub R
10. Date deceesed last worked et this occupation (month and yeer)	Sp3	ime (years) ntin this upetion	Duration ! sight.		
12. BIRTHPLACE (city or town)			Other Contributory Causes of Import	tance:	
(State or country) Marylar	ıd				
13. NAME Christian II.		eyer			
13. NAME Christian H. 14. BIRTHPLACE (city or town) Germs (Stete or country)	ny		Neme of operation	Da Was the	
15. MAIDEN NAME Augusta I	roege		23. If deeth was due to externel cause		
15. MAIDEN NAME AUGUSTA I	ıy		Accident, suicide, or homicide?		-
17 INFORMANT Mrs. James C			Specify whether Injury occurred in	(Specify city or town, counly a INDUSTRY, in HOME, or in PUBI	and State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge	Dale Oct	. 31,,,35/	Manner of injury		
19. UNDERTAKER Harry A. (Address) 4101 Jamonds	on Ave	tee	24. Wes disease or injury in any way	related to occupation of decease	ed?
20. FILED Qct-H-/, 1905 m	n. 12m	Ages Registrar	(Signed) 22	Low Cons	loce M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
JAN 6 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	11	-	2	12	
	U	1	1	E.	

:	1. PLACE OF	DEATH			(131)	
	County Bal	ltimore			Registration Dist. No. 3	
/	Village or City	Towsons				Ward
			leath occurred1		f death occurred in a hospital or institution, give its NAME instead of street and most account of the street account of	number)
	2. FULL NAMI	E Laura Vi	rginia	Rittenho	use	
	(a) Residence:	: No. 16 Aig	berth A		St., Ward. If nonresident give city or town and	State
	PERSONA	L AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	7-5-7
3.	Female 4	COLOR OR RACE White		RIED, WIDOWED, O (write the word) W	21. DATE OF DEATH October 27, (Month) (Day)	, 193 5 (Year)
5a	. If married, widowed, HUSBANO of (or) WIFE of V	or divorced Van Brant H	l ot tenh o	use	22. Oct 14 1935, to Oct 27	deceased from
6.	DATE OF BIRTH (mo	onth, day, end year)	ec. 15,	1851	I last saw h IN elive on Oct 27 1935	; death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 2:20P.m.	
	83	10	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
NOI	8. Trade, professio kind of worl SAWYER, BO	on, or perticular k done, as SPINNER, DOKKEEPER, etc	None		Acute Vremia	Oct 25/3
OCCUPATION	9. Industry or bus work was do SAW MILL,	siness in which one, as SILK MILL, BANK, etc				
000	10. Dete deceased I		11. Total ti spar occu	me (years) it in this pation		
12	BIRTHPLACE (city o	rtown) Arbutu	ıs.		Other Coutributory Causes of importence:	Alamak
	(State or country		Md.		Chronic Suterstitial hellerities	82 Years
ER	13. NAME Th	os. H. Ran	ndle		- Control of the cont	1. 1.
FATHER	14. BIRTHPLACE (ci	ity or town) Bal	to.		Name of operation Date of	
F	(State or cor		Md.	~	What test confirmed diagnosis? Was there an a	utopsy? ho
田田	15. MAIDEN NAME	Mary N.	Shoemak	er	23. If death was due to external couses (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (ci	ity or town)	alto.		Accident, suicide, or homicide? Date of Injury	
Σ	(State or co		Md	•	Where did Injury occur?	
17	. INFORMANT Mr (Address) 5	808 Benton	t Kitte	nhouse	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	e) ACE.
18	BURIAL, CREMATION	N, OR REMOVAL			Manner of injury	
	Place Loud	lon Park	Date Oct.	29, 1935	Nature of injury	
19	. UNDERTAKER 2	m Juck	Lyer +)	Inis/	24. Was disease or injury in eny way related to occupation of deceased?	ns
20	FUED OF A	9 100 11	Arkall of	mother	(Signed) Movis 3. Green	Baltener

V. S. No. 1

ż

If more blanks/are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No 11.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the usc of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
		NOV 7886	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Dr. Morris B. Green	
harford Rd. & Evergreen Ave.	

V. S. No. 1

B.

MOTHER

17. INFORMANT . (Address)

19. UNDERTAKER

20. FILED

(Address)

f6. BIRTHPLACE (city or town)
(State or country)

18. BURIAL, CREMATION, OR REMOVAL

item of inforshould state of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	(189-
1. PLACE OF DEATH County Bills.		Registration Dist. No. 3	Y
Length of residence In city or town where death of the control of	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U. S. if of foreign birth?	
(a) Residence: No.	Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH 2/ (Month) (Day)	, 193 5 (Year)
e. If married, widowed, or divorced HUSBAND of Farmer (or) WIFE of Farmer DATE OF BIRTH (month, day, and year) AGE Years Months 73 2	22. 1862 Days If LESS than 1 day. hrs. or min.	to heva occurred on the date steted above, at 9 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	deceased from 1.19.35 ; death is said
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	isisa	Struck of	1934
10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other Coatributory Causes of Importance:	
2. BIRTHPLACE (city or town) Md (State or country)		Uther Coursewery Causes of Importance,	
13. NAME Charles Lynn 14. BIRTHPLACE (city or town) (State or country)	Argus.	Nama of operation	autopsy? No

Registrar. (Address) Juliania (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injur

Nature of injury

If so, spacify

(Signed)

23. If death was due to externel causes (VIOL ENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Accident, suicide, or homicida?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepia	1 week ago
Chronic interstitial nephritis	1921	Run over by street car O V	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis 177	3 days ago
		007 28 100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

INI	sta	UP	
10	plu	000	
nen	sho	of (/
Every	CIANS	tement	/
KD.	YSI	Sta	
ME	Hd/	Exact	
H UNFADING INA-1 HIS IS A FERMANENT RECEND. EVERY HEM OF IMPL	supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	classified.	
1	国	ly (ite.
IN A	stated	proper	See instructions on back of certificate.
CIL	pe	pe	Jo
MA	plnoy	t may	back
3	ES:	ıt i	00 9
5	AG	th	ions
1	-:	80	uct
STATE	pplied	terms	instr
H	ns ,	nin	See

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	4.8
County Bultimore	Registration Dist. No. 44
Village Dr City Colaate	No. Oruste Care St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? 3.2 yrs,mosds.
	sds. now long in 0.5. If of foleign diffing
2. FULL NAME matilda Jardile	AIf-U.S. Veteran specify WAR.
(a) Residence: No. Oran Co Core, an Castara Cor	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Finale It lute of idowed	Oct 6, 1935
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
(or) WIFE of beech sardlek.	22. IHEREBY CERTIFY, that I attended decaased from
6. DATE OF BIRTH (month, day, end year) Cura · 23 - 1857	I last saw h & abva on Oct 4 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et. 3. P. m.
78 / /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, es SPINNER,	Generalized asteriorderosis
SAWYER, BDDKKEEPER, etc.	Chr. Infranditio
work was done, as SILK MILL, SAW MILL, BANK, etc.	Carcinna of Amad
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10: Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Mystardusl Falluse
Of ab Olandia	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Checker State or country)	
I	Name of operation 7222 Date of
4. BIRTHPLACE (city or town)	Name of operation Date of Date of What test confirmed diagnosise Lot V Classical Was there an au'opsy?
当 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide? Date of Injury, 19
S (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT ms. Burbara It of teles (Address) Crock and. Edinate and	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clase / Vill Date Och. 8 , 1950	Nature of injury
19. UNDERTAKER John G. Commelly	24. Was disease or injury in any way related to occupation of deceased?
(Address) asset md.	If so, specify
20, FILED Och. 7 1935 John S. Connelly	(Signed) Coll Schemensk Min) M. D.
Registrar.	(Address) 8 42 3. Gall Cone.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ample I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage		Peritonitis	3 days ago
IREAU V. S.	a		
of importance 130		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
CLAST TO THE	4.2		
	S'A AVERIO	th and related causes ws: 1915 1921 July 5,1927 SARVERIA of importance: 100 May 1,1923	th and related causes ws: The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

V. S. No. 1

of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	83.
1. PLACE OF DEATH		940)	3
County Balto		Registration Dist. No. 3	2
Village or City Near Owing	sMills	NoSt.,	Ward
2. FULL NAME Hannah		death occurred in a hospital or institution, give its NAME instead of street and no death occurred. ds. How long in U.S. if of foreign birth?	
(a) Residence: No. January	(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	RIGLE, MARRIED, WIDDWED, R DIVORCED (write the word)	21. DATE OF DEATH QA 165 (Month) (Day)	, 193
58. If married, widowed, or divarced HUSBAND of (or) WIFE of Robert Sh	acfer	22. HEREBY CERTIFY, That I altended of	deceased from
6. DATE OF BIRTH (month, day, and year)	127 1867	liest saw h alive on	; death is said
7. AGE Years Months 6	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, protession, or particular kind ot work done, as SPINNER, SAWYER, BDDKKEEPER, etc			Q1-1
SAW MILL, DAWN, etc.	wife	Origina Patono	1935
Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) Butte C (Stete or country)	0	Other Contributory Canses of importance:	
13. NAME John Frank	2		
13. NAME John Jones 14. BIRTHPLACE (city or town) Backton (State or country)	to	Name of operation Date ot What test confirmed diagnosis? Was there an a	uloneu?
121	2//	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME CON MAIDEN NAME (Stata or country)	ny	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Robert Stra (Address) Ourne Mells	efy	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	S) NCE.
18. BURIAL, CREMATION, OR REMOVAL Place It Thomas Cem De	ne Oct 19, 1935	Manner of injury Nature ot Injury	
19. UNDERTAKER Steisters tous	Sons mid	24. Was disease or injury in any way related to occupation of deceased? if so, specity	
20. FILED Oct 17 , 193. 5 272	Registrar	(Signed) (Address) Reader Ind	M. D.

1116000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

If more blanks are needed, address tate Registrar, 16 W/ Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Howehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., whatever, write None. Foreman, especially in industrial employments, it is neces-For many occupations a or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping approved dednie) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbelic acid-probably suicide. The nature of the injury, Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on cough; Chronic Example: Measles (disease affection need not be etc. valvular heart Nomenclature of the The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data_is essential and must be obtained before the certificate is beforeapently filed.

should (If death occurred in a hospital or institution, give its NAME instead of street and number) CIANS How long in U. S. if of foreign birth? _____ wrs.____mos.___ (a) Residence: No. / (Usual place of ahode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DtVORCED (write the word) male (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 7 6. DATE OF BIRTH (month, day, and year) Feb. 20- 191 certificate. 7. AGE to have occurred on the date stated above, at 9.30 P. m Years Months Days If LESS than 1 day, ----- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc may 9. Industry or business In which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this that instructions occupation __ ARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER Simple 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME .5 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town) ... austria Accident, suicide, or homicide?______ Date of injury________19__ (State or country) Where did injury occur?___ (Specify city or town, county and State) 17. INFORMANT ... Specify whether Injury eccurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR Manner of injury CAUSE TION Nature of injury 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) If so, specify

1. PLACE OF DEATH

Village or City_

(Year)

Date of enset

about

Registration Dist. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributors causes of importance, name other important diseases or injuries. Examples:

Example	1:	Example II	
The principal cause of dear and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 100 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrais	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		*	
	 	 >	

LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified. E N. B.-WRITE PL V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEA

1. PLACE OF DEATH	23)
/ County Baltimore	Registration Dist. No. 33
Village or City	No. Md. Pleasant Janatorus St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) 15. 19. ds. How long in U.S. if of foralgn birth? yrs. mos. ds.
2. FULL NAME Sarah Smith (a) Residence: No. 5250 St. Charles a (Usual place of abode)	3 0
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX famel 4. COLOR OR RACE OR DIVORCED (write the word) Our or ced	21. DATE OF DEATH Oct. /5 , 193 5 (Month) (Day) (Yeer)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of alext Timeth 6. DATE OF BIRTH (month, day, end yaar) Dec. 24, 1889	22. I HEREBY CERTIFY, That I attended decaesed from Left 27, 19 35, to 0 15, 19 35 I lest saw h. & alive on 0 15, 19 35; daath Is said
7. AGE Yaars Months Oays If LESS than 1 day,hrs ormin.	wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked et this occupation genoth and 1, 9, 35 11. Totel time (years) spent in this 26 year) occupation occupation occupation occupation occupation	Pulmoray Juberalous 191
12. BIRTHPLACE (city or town)	Othar Contributory Causes of Importance:
13. NAME /Lesman Mutteron 14. BIRTHPLACE (city or town) (State or country) Russea	Neme of oparation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Leal Feldwar 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Saral Smith - deceased (Address)	23. If death was due to axternal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicida?, 19
18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Balto Data 10 / 15 , 1935	Mannar of Injury
19. UNOERTAKER POUT Service Control (Address) 1439 S. Balto St. 20. FILEO Color 15, 1935 Profile Service Registrat.	If so, specify (Signad) Dr. Maruel Lavin (Address) Mr. Pleasant Janutorum Resterston

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 weck ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUR AU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1.1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
			λ.	

1	11	1	11	11	
1	U	0	U	J.	

1. PLACE OF DEATH	(82-0)
County Salta	Registration Dist. No. 33
Village or City Kusterstown M de	NoSt.,Ward
Length of rasidanca in city or lown where death occurred 5 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds.
1.1.01. +	
2. FULL NAME Jorysh G Smjor	o. Wo.d
(a) Residence: No. 203 Butter for (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 9R DIVORCED (write the word)	Get / 193 5
5a, If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of avic Typpett Smoot	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) april 8 1856	I lest saw h aliva on aliva on 17 5, 19 30; death is sald
7. AGE Years Months Days If LESS that	
79 6 8 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER,	- racks
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL Returned Farmer SAW MILL, BANK, etc. 10. Date dacassed last worked et this occuration (month and	Care training to the state of t
10. Date dacaased last worked et this occupation (month and spant in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) At Marys LO	
(State or country)	
13. NAME Theophelus Smoot	
14. BIRTHPLACE (city or town). Charles Co (State or country)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causes (VIOLENCE) fill in also the following:
I It M was I Co	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) 11. (State or country)	Where did injury occur?
17. INFORMANT Mrs J IL Hemphics	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Perfection PM 4 18. BURIAL, CREMATION, OR BEMOVAL It May Co.	Mannar of Injury
Place all Faiths Com. Date Od 20, 19	Nature of Injury
19. UNDERTAKER & F & Simed Soms	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Rustustom Md.	If so, specify
20 FILED Cert. 18th 1925 1+ males	(Signad) M. D.
Registran	(Addrass) (Lace on the Lead)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	US E
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OAL AND AND A			
Other contributory causes of importance:	10 Oct 1	Other contributory causes of importance:	Die Hills
Gallstones .	May 1,1923	Gastroenteritis	1 year

B

1	L PLACE OF DEA				(57)	
	County Das	trucos	e: 00		Registration Dist. No. 3/	,
	Village or City Harmer welle				No. Vifenty 17 of St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
ľ.	Length of rasidance in c	city or town where d	eeth occurred.		ds. How long in U.S. if of foreign birth?yrsm	
:	. FULL NAME4	Lurie	e 8 x	(1)	MANUAL IF U. S. Veteran, specify WAR	
	(a) Residence: No.	Naui	pount	le	St., Ward,	
_			(Usual place	of abode)	If nonresident give city or town and	J State
PERSONAL AND STATISTICAL PARTICULARS				CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)			(write tha word)	21. DATE OF DEATH (Month) (Day)	, 193 5 (Year)
5a.	If marriad, widowad, or div	orced	0			
	(or) WIFE of	Henry	Shea	lucace	1 HEREBY CERTIFY. That I attended	decassed from
6.	DATE OF BIRTH (month, da	ay, and year) MC	2421	1854	1932, to (1) 3/ 1932	; death is said
7.	AGE Yaars	Months	Deys	If LESS than	to have occurred on the data stated above, at 1-30 m.	
	81	5	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	1
7	8. Trede, profassion, or p	particular	S- 1		1000 000000000	Date of onset
9	kind of work dona SAWYER, BODKKE	, as SPINNER, EPER, etc	nou	w	Brithrete descruaus	1930
OCCUPATION	9. Industry or businass i	n which			Loculatus (bed cores)	1935
00	SAW MILL, BANK,	etc			Brenia	Self 3.
0	This occupation (month one pant in this			it in this		1//
-	yaar)		l occu	pation	Other Contributory Causes of importanca:	
12	BIRTHPLACE (city or town))				
~	(Stata or country)	Ma		001		
FATHER	13. NAME	wyel	sceon			
Y	14. BIRTHPEACE (city or t	own)	410		Name of operation Date of	
-	(State or country)	//	ca.	1	What test confirmed diagnosis? Was thara an	autopsy?
H	15. MAIDEN NAME		tolle	in	23. If deeth was due to axternal causes (VIOLENCE) fill in elso the followin	g:
MOTHER	16. BIRTHPLACE (city or to	own)			Accidant, suicida, or homicida? Data of Injury	, 19
Σ	(State or country)	7	ema	neg	Where did injury occur?	
17	(Addrass)	Hur &	Lower	y med.	(Specify city or town, county and Ste Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATION, DR	REMOVAL	5-1		Mennar of Injury	
1	Mince live	Cerro.	Data Mov	. 2 , 19.35	Nature of Injury	
ON and there			1 1/11	11	24. Was disease or Injury In any way related to occupation of deceased?	RD
19. UNDERTAKER (Address) Septemble Will				Ld.	If so, specify	
-		245	6.	- 4 ·	(Signad) former Allartur	M. D.
20	FILED TON!	19-33 - W	m 6 ma	Registrar.	(Addrass) Paudall ets wy	Med

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
.	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car JHy5,1927 Peritonitis Other contributory causes of importance:

of OCCUPA.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 44
William Charles To	No. Mond
Village of City Control Control	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredm	osds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jesse Stein	If U.S. Veteran specify WAR
(a) Residence: No. Oremo Road	St. Ward. (Banero Tum)
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 0R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, Thet lattended deceased from
(or) WIFE of minne Cuty	
6. DATE OF BIRTH (month, day, end year) Feb. 11 - 1869	i last saw h elive on
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, et
66 8 20 1dey,hr	S. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
'8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month and	
9. Industry or business in which work was done, as SILK MILL,	Cerebial hemorrhage
SAW MILL, BANK, etc.	
ting occupation (month and	
year) oc:upation	Other Contributory Canses of Importance:
12, BIRTHPLACE (city or town) 4. Co.	
(Stete or country) Ind.	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Wes there en au'opsy?
15. MAIDEN NAME Catherine Stavart 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Many H. Stelver (Address) //J J. Highland live.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Taskeword Date Nov. 2, 193:	Nature of injury
19 UNDERTAKER John S. Commelly	24. Wes disease or injury in any way related to occupation of deceased?
(Address) (Seek 2nd 1	If so, specify
20. FILED Och. 31 1935 Thong & Commelly	(Signed) Fred W young Cononers D.
20. FILED	(Address) Stemmer & TRuck Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal ause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
B-21- 440	954
County	Registration Dist. No.
Village or City owsor	No. 12 6. Chesapearte Wart
Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where deeth occurred	1. D. Trata vetera
2. FULL NAME Coloregee A	grov.
(a) Residence: No. 28 N. Durken	St., Ward. Jaelinsia My
	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH tober 9th, 193 5
5a. If married, widowed, or divorced HUSBAND of	
(or) WHEE of	22. I HEREBY CERTIFY. That I attended deceased from
Qu 1 1890	
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
36 / 3 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Journa alod in ved
	(Sudden degra)
8. Industry or business in which work was done, as SILK MILL,	perovally heart mounte
SAW MILL, BANK, etc	Impossible to say what form of beart
10. Date decessed last worked at this occupation (month end year)	trouble he had cogo
110	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) . Hampelon	
(State or country)	- Physician only saw patient after death.
13. NAME	No sitopsys
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Nata
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Many Taylor (Address) 28 N. Dullam St.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Cloury Constituty 10-12, 19 3.	
Q manialatara	24. Was disease or injury in any way related to occupation of deceased?
19, UNDERTAKER (Address)	
(Address) 1218 me Bettery St (300	Mormes H. angell
20. FILED 10/10 , 1935 Q - Mel Secon	(Signed) Coroner J9th
Registrar. If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
1011 0	1915	Attack of epilepsy	1 week ago
Aritis NOV / 1909	1921	Run over by street car	1 week ago
EUREAU V. S.	July 5,1927	Peritonitis	3 days ago
auses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	of death and related causes as follows. Pritis NOV 7 1900	of death and related causes 1915 1921 July 5,1927 auses of importance:	of death and related causes Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Peritonitis Authoritis Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Peritonitis Other contributory causes of importance:

ADDITIONAL CRACE FOR EXPENSED CHARRING BY DIVISIONAL	
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	-
Dr. O. Sellisan of Towson, I decided Clarene	~
	2
Joylot died of natural courses and a special	
infquest not necessary of mass	0
Carones Towan Bolto Co	. 200

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

rite None. yrs.). usiness, that fact may be indicated thus: Farmer (retired ate occupation at beginning of illness. given up on account of the DISEASE CAUSING DEATH, oussmaid, etc. If the occupation has been changed ngaged in domestic service for wages, as Servant, Cook aken to report specifically the occupations of persons mployed, as At school or At home. Care should be ife, Housework, or At Home, and children, not gainfully ho receive a definite salary), may be entered as Househe duties of the household only (not paid Housekeepers -Coal mine, etc. If the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more recise specification as Day laborer, Furm laborer, Laborer nobile factory. nill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton s provided for the latter statement; it should be used rnow (a) the kind of work and also (b) the nature of the specially in industrial employments, it is necessary to nan, Compositor, Architect, Locomotive engineer, Civil many cases, arst line will be sufficient, e. g., Farmer or Planter, Physifor many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question ion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE AUSING DEATH (the primary affection with respect to me and causation), using always the same accepted rm for the same disease. Examples: Cerebrospinal ver (the only definite synonym is "Epidemic ecrebroinal meningitis"); Diphtheria (avoid use of "Croup"); yphoid fever (never report "Typhoid pneumonia"); pheumonia, Bronchopneumonia ("Pneumonia," menin-parallelified. is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the bead of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deates "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Ursemia," "Weakness, lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marae-"Anacınia" (merely symptomatic), "Atropby, lapse," "Coma," "Convulsions," "Debility" cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Astbenia, chopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. eough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Puerperal septichaennia," State cause for which Never report mere "Atropby," proud

If this certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PL.

FION is

C
DING
5
BIN
R.
FOR
ED
VE
3R
SSI

should state OCCUPA- STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. 33

	County Ba	etin	10		
	Village or City				
2	Length of residence In ci	ty or town where do	Joli Ulma	yrs. 6 mos. as n Ave	de
CHU	PERSONAL AN	D CTATICTI	(Usual place of		
3.	SEX 4. COLO	R OR RACE	S. SINGLE, MARI OR DIVORCED		2
5e.	If married, widowed, or divo HUSBAND of (or) WIFE ut	rnard	7olia		22
6.	DATE OF BIRTH (month, de)	, end yeer)	Sept. 18	3,1902	
7.	AGE Years 33	Months /	Days	If LESS then 1 day,hrs. ormin.	1
OCCUPATION	8. Trade, profession, or pe kind of work done, SAWYER, BOOKKEE 9. Industry or business in work wes done, es S SAW MILL, BANK, e 10. Dete decessed lest wor this occupetion (more yeer)	which SILK MILL, Ou	in Hor	~	
12.	BIRTHPLACE (city or town) (State or country)	Balti	mai		
HER FATHER	13. NAME 14. BIRTHPLACE (city or to (Stete or country) 15. MAIDEN NAME		,	y	2:
MOT	16. BIRTHPLACE (city or to		Poland	/	

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT.

(Address)

3 ds. How long In U.S. If of foreign birth? MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH I HEREBY CERTIFY. Thet I attended deceased from ·9 19 35 to Oct. Whet test confirmed diegnosis?______ Wes there en eutopsy?____ 23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following: Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury

24. Wes disease or injury In eny wey releted to occupetion of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 B & L V. D.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BY	BY PHYSICIAN
---------------------------------------	-------	--------------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10837
1. PLACE OF DEATH	(B)
County Baltimore.	Registration Dist. No. 30
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Pearl Gable Minutel	
(a) Residence: No. Abarrawa Paint.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE GR DIVORCED (write the word) Tenual o	21. DATE OF DEATH October 9 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Samuel Muthe	22. SHEREBY CERTIFY That I ettended deceesed from 36 1937 to 2001
6. DATE OF BIRTH (month, day, and year) Jan - 9 th 1891	I last sawh elive on Of S , 19.33; deeth Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
44 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Comestic SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupating (month and	agrane Helisteles Hefshals well
9. Industry or business in which work wes done, as SILK MILL, Domestic SAW MILL, BANK, etc	dernie Myzardine uni
Date decessed lest worked et this occupation (month and year)	162
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Mary Land	
13. NAME Ruben M. Darman	
£	Name of operation Date of
4 14. BIRTHPLACE (city or town) (State or country) Maraland	What test confirmed diagnosis? Casalafae Was there an eutopsy?
15. MAIDEN NAME Wisula Price	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Wisula Price 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
(State or country) Mary Land.	Where did injury occur?
17. INFORMANT Mrs Geo. Griffitha	(Specify city or town, county and Stale) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 5206 Warward Une.	Managed
7 Micros No. Date 10/15/375	Manner of injury
7/1 1/1 7	
19. UNDERTAKER Harry H. Warner Cine (Addiess) 4/0/ Edmondon, Cine	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 10/1, -, 19) Flanders	(Signed) Stur 7 Juniful M. D.
Registrar.	(Address) (although the
If more blanks are needed, address since Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	Z. WILLIAM
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 2 1935	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	1
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
----------	-------	----------	---------	----	-------

1	13	(7)	(1
1	U	0	0	Ġ	

1. PLACE OF DEATH	92-00
County Dalting	Registration Dist. No.
44	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
d - A . / ·	If U.S. Veteran apecify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) Wee, 3 /8/6 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	1 HEREBY CERTIFY, That I attended deceased from 7, 1934, to 02, 25, 1935; death is said to have occurred on the data stated ebova, at 9, 12, m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and spant in this	Chronic Endo carditis 1934
12. BIRTHPLACE (city or town) (Stata or country)	Dther Contributory Causes of Importance: Arterio Octoris 19.34
	When oren as
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Clarical Was there an autopsy? NQ
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR BEMOVAL Placa St. Josephs Jercas Data Bet 28, 1935	Manner of injury
19. UNDERTAKER Work. C. Burgher of Spins. (Address) 20. FILED Ca. A. 27, 1938 William J. Schil South. Registrar.	24. Was diseasa or injury in any way related to occupation of decaased? ND If so, specify (Signed) Thursey G. Gustor M. D. (Address) Working Smille Jund

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 ň ż OCCUPA-

Jo

County Caltimore Registration Dist. No. 30 Village or City Catousvelle No. Redseway Resistration Dist. No. 30	
Village or City Contamine OCO No B. diagrams C. X or	
Village or City Contamine OCO No B. diagrams C. X or	
	Vard
(If death occurred in a horpital of institution, give its NAME instead of street and number)	valu
Length of residence in city or town where death occurred 12 yrs 0 mos 0 gs. How long in U.S. if of foreign birth? Syrs. 0 mos. 0	_ds.
2. FULL NAME Darbara los Gelgand	
(a) Residence: No. Ridgeway Rd St., Ward.	
(Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR MACE 5. SINGLE MARRIED, WIDOWED, OR DESCRIPTION OR DESCRIPTION OF DEATH	
5a. If married, widowad, or divorced (Yas	7)
HUSBAND of Or High 1 22. I HEREBY CERTIFY, That I attended deceased	from
Their religand Sell 29, 1935, 10 Oct 3, 19=	
6. DATE OF BIRTH (month, dey, and year) Seely 10-1862 last saw h a alive on 0 ch 3 193.C; death is	-
7. AGE Yaars Months Days If LESS than to have occurred on the date stated above, at	
73 2 23 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Qate of	nset
SAWYER, BOOKKEEPER, etc. 2020 Quring Partores 60	
9. Industry or business in which work wes dona, as SILK MILE.	
SAW MILL, BANK, atc	
10. Deter deceased last worked at 00 3 11. Total time (years) this occupation (month and year) occupation (month and occupation)	
7 9 Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) (State or country)	
13, NAME Christians Volat	<u>.</u>
E 77	
14. BIRTHPLACE (city or town) Name of operation Date of	
(State or country) What test confirmed diagnosis? Chronical T. Superbase an autopsy?	-0-
25. Il daath wes due to externer causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) — Accident, suicide, or homicide? — Data of injury — 19 — Where did injury — Country — Data of injury — 19 — Data of injur	
(Specify city or town, county and State)	
17. INFORMANY Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address)	
10 DUDIAL ODERATION OF DESAME	
Place arrespond ask Oete Cleff of 193, Nature of injury	
19. UNOERTAKER Steward In any way related to occupation of daceesed? (Addiess) Of White House If so, spacify	
20. FILEO Oct 3 1932 marsfall Bleesh (Signod) marshall B West	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioseleroses	1915	Attack of epilepsy	1 week ago
Chronic interstitial mistritus	1921	Run over by street car	1 week ago
Cerebral kemorrhage	July 5,1927	Peritonitis	3 days ago
3			
Other contributory cause of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

Exact statement

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	400	
1	113	40
14	4	3- ()

	1. PLACE OF DEATH	48)
	Village or City Aprila Frank Haspital Catons	Registration Dist. No. St., Ward
	O (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Elizabeth Welch	
	(a) Residence: No. 208 East 20th Str. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, GENERAL White Single, Married (which word)	21. DATE OF DEATH October 12 , 193 5 (Month) (Oay) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from Once 5 1935 to October (2 1935)
cate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	last sew hely elive on October 17, 19.33; deeth is said to have occurred on the date stated ebove, at a 51 fg.m.
certificate	42 ? 4 ? 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
Jo	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinsus of Maris (carry) of 1/1929
back	Industry or business in which work wes done, es SILK MILL, Book briefler SAW MILL, BANK, etc.	
s on	10. Oate deceased ast worked et this occupation (month end year) 11. Totel time (years) spent in this occupation (month end year) 12. 14/14	
instructions on back	12. BIRTHPLACE (city or town) Baltimare (State or country) manufact.	Other Contributory Causes of importance: Past Eucephalitics 1923
nstı	13. NAME Dilliane Welch	
See i	14. BIRTHPLACE (city or town) Baltimane (State or country) Maryland	Name of operation 72 2012 Oete of Oete of What test confirmed diagnost the state of
ant.	15. MAIOEN NAME Rose Elderstein	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town) Baltuare (State or country) maryland.	Accident, suicide, or homicide?
wery in	17. INFORMANT Learge Welch (Address) 200 East 20 th Balts Mil.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20	18. BURIAL, PREMION OF REMOVAL Ceros Det 15, 1935	Manner of injury
TION	19. UNOERTAKEN Ulland (Address)	24. Was disease or injury in any way related to occupation of decrased? 200
()	20. FILEO. 10/13 , 19 3 PALA Registrar.	(Signed) There of Junkel M. D.
-	A Defended	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

121	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	93-c) 10041
	County Baltimere	Registration Dist. No.
item of should	Village or City Catmerelle of	Varine year that st., Ward
70 9	Length of residence in city or town where death occurred 4 yrs 10 mos.	Geath occurred in a hospital or institution, give its NAME instead of street and number) 26 ds. How long in J. S. if of foreign birth?
Every CIANS tement	C D	Urasel.
ID. Every rSICIANS statement	2. FULL NAME CUBLATA	Est., Ward.
	(a) Residence: No. 4228 (Usual place of abode)	If nonresident give city or town and State
P. P. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
173.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct 15 tes 5 (Year)
NANEN A C T	5s. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY That I attended decreased from
MA) A C assi	(or) WIFE of Core Welsel	Nov 19 1935 to Oct 15 1935
A MX J	6. DATE OF BIRTH (month, day, and year) Que 6. 1872	I last saw here elive on Cel 15 193 J death is said
A P P Perly perly lifeat	7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, et 3, 3.5 Zm.
FOR B IS A PE stated E properly certificate	73 2 9 1 day, hrs. or nin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
20	8. Trade, profession, or particular kind of work done, as SPINNER,	
THIS III PE IIII PE III	SAWYER, BDOKKEEPER, etc.	Chronic Mynardetis unte
RV CT Could may back	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	entitie Paymoraines une
RESER G INK- GE shou that it m	this occupation (month and	
RE IG IGE VGF tha	year)	Other Contributory Causes of importance:
NFADING Plied. AGI	12. BIRTHPLACE (city or town) Musery or (State or country)	Mu to to the said of
ARGIN JNFADI pplied. terms, se instruct	1 2-5 (1XI)	Marie Peferer flyslen 1920
C Imp	E	Name of operation Date of
A H S H S	14. BIRTHPLACE (city or town) Confidence (State or country)	What test confirmed diagnosis?
	# 15. MAIDEN NAME CONFIDENCE	23. If death was due to external causes (VIDLENCE) fill In also the following:
24	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
NLY, be cal	(State or country)	Where did injury occur? (Specify city or town, county and Stata)
should to OF DE	17. INFORMANT Will Will (Address) 472 8 Slavood ok	Specify whether injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
	B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITH mation s CAUSE TION is	Plece Annot Programme Date 11 , 1970	Neture of injury
WRIT mation CAUSH	19. UNDERTAKER WWW. Booke	24. Was disease or Injury in any way releted to occupation of deceesed?
No.	(Address) 12/7/80 agel 87	If so, specify Orlean G. Land held was
, N	20. FILED 19. 19. Registrar.	(Signed) Calmy All Turk
1.		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a blerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyria, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other conditions of importance, name other important diseases or injuries. Examples:

Example I	3.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of orage	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ogo
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACI	OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH 10842
County	I Oltm	or () 1	Registration Dist. No.
Village	or City orth	our Noad	No. St., W If death occurred in a horpital or institution, give its NAME instead of street and number)
Length	of residence in city or town where		sds. How long In U.S. if of Ioreign birth?yrsmos
2. FULL	NAME /LOY	E Vill	iana
(a) Re	sidence: No.	Jelon an	St., Ward.
	V	(Usua) place of abode)	If nonresident give city or town and State
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Market (21. DATE OF DEATH (Month) (Day) (Year (Year
5a. If married, HUSBAND	vidowed, or divorced	Acres 1	
HUSBAND (or) WIFE	orblea n	Villiam	HEREBY CERTIFY That I attended deceased
	RTH (month, day, and year)	lug 5 /860	I lest haw be some alive on Cot 22, 1935; death is
7. AGE	Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at
1 30	73 2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8 Trade,	profession, or perticular of work done, as SPINNER,	alman	Denile Chronoh J. 5 193
SAV	VYER, BDDKKEEPER, etc.	il CL	the state of the s
WOI	k wes done, es SILK MILLS	Th. Teels	mus vial reprivis
	eceased last worked at occupation (month and 9	II. Total time (years) spent in this occupation	
12. BIRTHPLAC	F (city or town) Wie	eians book	Other Contributory Causes of importance:
	r country)	1 · Penna	Halaula das land of the
I3. NAME	Cirthun M	elli ams	- Cooperation of Cooperation
14. BIRTHP	LACE (city or town)	P	Name of operation Date of
(30	ite or country)	- www.	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDE	NAME bush	own	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDER	LACE (city or town)	usenm	Accident, suicide, or homicide? Date of Injury, 19
≥ (Ste	ete or country)	1	Where did injury occur?
17. INFDRMANT (Addres		an	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CA	MATION, OR REMOVAL	and On a P	Manner of injury
Place/-	tras ulus A	Date 23 , 19 31	Neture of injury
19. UNDERTAKE		muley	24. Was disease or injury in eny wey related to occupation of deceased?
20/FILED	223 32 9.1	Molindiex h	If so, specify () (Signed) (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimord, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-11	Example II	2
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrites NOV 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5,1927	Peritonitis	3 days ago
The state of the s	400		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	OD A OT	EOD	BUDDHED	OFF A PREMERNING	DV	DIIVCICIA	TAT
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BI	PHISICIA	N

	T	Y.	田	
5	NEN	TI	ified.	
	MA	X A (lassi	
DI	PER	田	rly c	ate.
MARGIN RESERVED FOR BINDING	BWRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT IN	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	TION is very important. See instructions on back of certificate.
ב	IS I	s a	d a	f ce
\ \ \ \	T.H	ld b	ay b	ck o
E P	IK-	shou	t m	ı ba
2	AI A	GE.	lati	18 01
4	INC	A	se th	ction
	FAL	ied.	ms,	stru
IAL	ND	lddn	ter	e in
	TH	ly s	lain	Se
	WI	ln Je	in p	ant.
	LY,	car	TH	port
		d be	DEA	/im
	PL.	houl	OF	very
	TE	n s	SE	i is
4	WR	natio	AU	LION
	B.	4	(1
5		1	-	- 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County 13 allemore	Registration Dist. No. 3
Village or City Stevenson	ND. St., Ward death occurred in a hospital or institution, give its NAME instead al street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Stufford IV	lliams
(a) Residence: No. Stelve (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. It married, widowed, or divorced HUSBAND ot (or) WIFE of Sarah Wiggins	22. I HEREBY CERTIFY, That I attended deceased from
unknown 1848	0 et . 1935, to Oct. 7 , 1938
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	I lest sew h Less elive on
87 Indicas months bays in the strain 1 day,hrs. ormin.	to heve occurred on the date stated above, at
8. Trada, protession, or particular kind of work dona, es SPINNER,	Senility
Kind of work dona, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Deta deceased last worked at this occupation (month end	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Deta deceased last worked at this occupetion (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) West Morland Co., (Stata or country)	Other Contributory Causes of importance: Chronic My ocendities
13. NAME (1 n for en	
E	Name of operation Data ot
14. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis? Clesical Wes there an autopsy? No
15. MAIDEN NAME Unknown	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Westmandeland Ca., Va. (Stete or country)	Accident, suicida, or homicide?
17. INFORMANT Ella Brown, (Address) 5+	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Plece Lorinson Sa Date Ock 9, 1935	Manner of Injury
166 81.0	Neture of Injury 24. Was diseasa or injury In any way related to occupation of deceased?
19. UNDERTAKER Chroy Mileson	If so, specify
11-1 8 8 8 N. 00	(Signad) 6: 6: Nichols M. D.
20. FILED (V. C.J., 19.3.) Registrar.	(Address) Pikepulle Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago AON Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

or-	ate	A-	
inf	st	UP	
10 I	plno	000	
item	sho	of (
ery	NS	ent	
E	CIV	eme	
YD.	YSI	stai	
5	PH	ict	
R		Exg	
HZ	LY	·	
NE	CT	ifie	
MA	Z A	lass	
ER	E	yc	te.
AF	ed	perl	fica
IS	stat	pro	erti
HIS	þe	pe	Jo
E	plu	lay	ack
KK	sho	it n	n b
H 75	SE.	nat	O SI
NI	V	10 tl	tion
AAD	ed.	18, 8	truc
N	ppli	tern	ins
H	11S	in .	See
VIT	wills	/ pil	· .
2	arei	H	rtan
5	De c	ATI	npo
AA	ld l	DE	y ir
PI	hou	OF	ver
			r.m
E	n s	SE	- Is
-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	MON is very important. · See instructions on back of certificate.

STATE	OF MARYLAND—CERTIFICATE	OF	DEATH
DI AGE OF BEATH			

Cit death occurred in a hospital or institution, give its NAME interest and number) 2. FULL NAME Gertrude Greene Willoughby (a) Residence: No. 1105 Frederick Ave (Usualphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED FORMale William M. Willoughby 6. DATE OF DEATH 7. ACE Years Months 7. 77 124 1649	1. PLACE OF DEATH			
Langth of residence in city or town where death occurred. Syrs. S. mos. ds. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. mos. d. How long is U.S. if of foreign birth? yrs. d. How long is U.S. if of for	County Baltimore		Registration Dist. No. 30	
2. FULL NAME Gertrude Greene Willoughby (a) Residence: No. 1105 Frederick Ave. (Brealphee & Abde) (Breath Ave. Chrealphee & Abde) (Chrealphee & Abde) (Breath Ave. Chrealphee & Abde) (Breath Ave. Chrealphee) (Chreath Ave. Chreath Add)			(If death occurred in a hospital or institution, give its NAME instead of street and no	
(a) Residence: No. 1105 Frederick Ave (Ususpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX			ghby	
3. SEX female 4. COLOR OR RACE So. SINCLE, MARRIED, WIDOWED, OR DVOICED (winch the word) Willow Wed. Willow Wed. William M. Willoughby 5. If married, widowed, or divorced HUSARD of William M. Willoughby 6. DATE OF BIRTH (month, day, and year) Sept. 3, 1858 7. AGE Years Months Day If LESS than 7. AGE Years Months Day If LESS than 7. AGE Years Months Day If LESS than 8. Trade, profession, or particular 1. AGE Years Months Day If LESS than 1. AGE YEARS DEATH and related causes of importance 1. AGE YEARS DEATH and related causes of importance 1. AGE YEARS DEATH AND AGE OF DEATH and related causes of importance 1. AGE YEARS DEATH AND AGE OF DE		derick Ave.	St., Ward.	State
Female White OR DIVORCED Courie the word) Wido Wed Wid	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
59. If married, widowed, or divorced HUSBAND with of (or) Wife of William M. Willoughby 6. DATE OF BIRTH (month, day, and year) Sept. 3, 1858 7. AGE Years Months Days If LESS than 1 day		OR DIVORCED (write the word)	vetober 27-	193 J -
6. DATE OF BIRTH (month, day, and year) Sept. 3, 1858 7. AGE Years Nonths 77 1 24 Itess than 1 day. hrs. 77 1 24 Itess than 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate clones S. Trade, profession, or particular and of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) Sometimes of the date stated above, at. 4.30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate clones Obtains Oate clones Obtains Other Castributery Causes of importance: Chamic ore phritten. Other Castributery Causes of importance: Other Castributery	HUSBAND of 1815 7 7 5 000 76	. Willoughby	22- , I HEREBY CERTIFY. That all attended d	
T. AGE Years Nonths 1 24 II LESS than 1 day. hrs. or. min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: None 8. Trade, profession, or particular inder own dome, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Date deceased last worked at this secapation (month and secapation (month and secapation) 12. BIRTHPLACE (city or town). Preston (State or country) Md. 13. NAME Andrew Stafford 14. BIRTHPLACE (city or town). Dover. (State or country) Del. 15. MAIDEN NAME Annie P. Greene 16. BIRTHPLACE (city or town). (State or country) Md. 17. INFORMANT Mary W. Townsend (Address) 1105 Frederick Ave. 18. BURIAL, SKENNING SING, RENGON. Place Loudon Part Central Country (State or injury). 19. UNDERTAKER, MAN On Matternal Country (State or injury). 19. UNDERTAKER, MAN On Matternal Country (State or ocupity) 19. UNDERTAKER, MAN On Matternal Country (State or injury). 19. UNDERTAKER, MAN On Matternal Country (State or injury). 19. UNDERTAKER, MAN On Matternal Country (State or injury). 19. UNDERTAKER, MAN On Matternal Country (State or injury). 20. Was disease or injury. 21. Was disease or injury. 22. Was disease or injury was prajeted to codupation of deceased? 23. Was disease or injury. Nature of injury. Nature of injury. Nature of injury. 24. Was disease or injury and state of injury. 25. Was disease or injury. Nature of injury.	6 DATE OF RIRTH (month day and year) Set	t. 3. 1858		: death is said
8. Trade, profession, or particular kind of work done, as \$PINNER, SAWYER, BOOKEFFER, etc. 9. Industry or business in which work was done, as \$PINNER, SAWYER, BOOKEFFER, etc. 10. Date deceased last worked at this secupation (month and years) spant in this occupation (state or country) 12. BIRTHPLACE (city or town). Preston (State or country) Md. 13. NAME Andrew Stafford 14. BIRTHPLACE (city or town). Dover (State or country) Del. 15. MAIDEN NAME Annie P. Greene 16. BIRTHPLACE (city or town). (State or country) Md. 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Date of Injury, 19. Where did injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Name of operation. Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury.	7. AGE Years Months	Days If LESS that	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Preston (State or country) Md. 13. NAME Andrew Stafford 14. BIRTHPLACE (city or town) Dover (State or country) Del. 15. MAIDEN NAME Annie P. Greene 16. BIRTHPLACE (city or town) Md. 17. INFORMANT Mary W. Townsend (Address) 1105 Frederick Ave. 18. BURIAL STEMATION RENOVAL COMPONER OCT. 29, 1935 19. UNDERTAKER STAN Of Matchell & Specify in any way falated to occupation of decessad? 24. Was disease or injury in any way falated to occupation of decessad? 24. Was disease or injury way falated to occupation of decessad? 26. What test confirmed diagnosis? Cluster Was there an autopsy? 27. Informant Mary W. Townsend (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER STAN Of Matchell & Specify in any way falated to occupation of decessad? 24. Was disease or injury in any way falated to occupation of decessad?	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ione	Chrosic My ocardilis.	S Cate of onset
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Preston (State or country) Md. 13. NAME Andrew Stafford 14. BIRTHPLACE (city or town) Dover (State or country) Del. 15. MAIDEN NAME Annie P. Greene 16. BIRTHPLACE (city or town) Md. 17. INFORMANT Mary W. Townsend (Address) 1105 Frederick Ave. 18. BURIAL FREMATION RENOVAL Compation Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER AND Occupation of decompad? 24. Was disease or injury in any way falated to occupation of decompad? 24. Was disease or injury in any way falated to occupation of decompad?	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11 Total time (years)		
13. NAME Andrew Stafford 14. BIRTHPLACE (city or town) Dover 14. BIRTHPLACE (city or town) Del	- I this ecoa pation (month and	spent in this	Other Contributors Course of importance:	
15. MAIDEN NAME Annie P. Greene 16. BIRTHPLACE (city or town) (State or country) Md. Accident, suicide, or homicide? Data of Injury 19. INFORMANT Mary W. Townsend (Address) 1105 Frederick Ave. Renovate Ave. Manner of injury Nature o	12. DIKTINI LACE (only of town)		Brush - Preumouri	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Annie P. Greene 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mary W. Townsend (Address) 1105 Frederick Ave. 18. BURIAL, FREMATION OF REMOVAL Compate Oct. 29, 1935 Manner of injury Nature of injury Nature of injury	置 13. NAME Andrew Staffo	rd		
Where did Injury occur? (Specify city or town, county and State) 17. INFORMANT Mary W. Townsend (Address) 1105 Frederick Ave. 18. BURIAL, FREMATION NOW REMOVAL Freumout Companies Oct. 29, 1935 Manner of injury Nature of injury Nature of injury 19. UNDERTAKER ATMA Oct Matchell & John Ame 1 24. Was disease or injury in any way related to occupation of deceased?	14. BIRTHPLACE (city or town)DOVEX			utopsy?
Where did Injury occur? (Specify city or town, county and State) 17. INFORMANT Mary W. Townsend (Address) 1105 Frederick Ave. 18. BURIAL, TREMATION NOW REMOVAL Compate Oct. 29, 1935 Manner of injury Nature of injury Nature of injury 24. Was disease or injury in any way ralated to occupation of deceased?	监 15. MAIDEN NAME Annie P. G	reene	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
Where did Injury occur? (Specify city or town, county and State) 17. INFORMANT Mary W. Townsend (Address) 1105 Frederick Ave. 18. BURIAL, FREMATION NOW REMOVAL Freumout Companies Oct. 29, 1935 Manner of injury Nature of injury Nature of injury 19. UNDERTAKER ATMA Oct Matchell & John Ame 1 24. Was disease or injury in any way related to occupation of deceased?	[16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Data of Injury	, 19
18. BURIAL, TREMATION: OR REMOVAL Compate Oct. 29, 1935 Manner of injury Nature of injury 19. UNDERTAKER AND OLD Take Oct. 29, 19 35 19. UNDERTAKER AND OLD Take Oct. 29, 19 35	17 INFORMANT Mary W. Towns		(Specify city or town, county and State) CE.
13. UNDERTABLE TO THE TOTAL OF	18. BURIAL, TREMATION NON-REMOVAL Green	mant am.		
(Address)1500 Eucaw Flace, Dalo., Mo. II so, specify	19. UNDERTAKER ANN Or Mitche (Addiess) 1900 Eutaw Pla	U Timo And ace, Balto., Mo	Vale 111 100 - Tonk	لما
20. FILED 728, 19.35 Registrar. (Signed) Wetherbee M. (Address) 20 E. Preston St. Registrar. (Address) Baltimore Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.		DC LLCG-44	(Address) 20 E. Preston St.	M. D.

N. B.-WRITE PLA

IARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example				Example II	
The principal cause of of importance were as	death and	Crelate	d vauses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ll MC	W 2	1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr				1921	Run over by street car	1 week ago
Cerebral hemorrhage	製し音	REAU	V. S.	July 5,1927	Peritonitis	3 days ago
	<u>L</u>					
Other contributory can	uses of imp	portanc	e:		Other contributory causes of importance:	
Gallstones				May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
---	------------	-------	-----	---------	------------	----	----------

STATE OF	MARYL	AND-CE	RTIFICA	TE	OF	DEATH
----------	-------	--------	---------	----	----	-------

1. PLACE OF DEATH	1084.5
County Baltimore	Registration Dist. No. 32
Village or City Pikesville	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. If of foreign birth? wyrsmos ds.
2. FULL NAME Laura Virginia Winkelman	
(a) Residence: No. 208 Church Lane (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH October 5th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Walter D. Winkelman D.D.S.	August 4th CERTIFY, That I atlanded deceased from
s. DATE OF BIRTH (month, day, and year) March 15 1880	I last saw her alive on October 5th 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5 • 15 pm.
55 6 20 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Housewife SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	Thrombosis of Coronary Artery Aug 4th
work was done, as SILK MILL, At Home SAW MILL, BANK, etc.	
10. Date decaasad last worked at this occupation (month and Aug 3:35 spartin this occupation coupation	
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importanca:
(State or country) Maryland	None
13. NAME Charles E. Burke	
14. BIRTHPLACE (city or town) Baltimore	Nama of operation None Data of
(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Anna M. Himes	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicida?
(State or country) Maryland	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Dr. Walter D. Winkelman (Addross) Pikesville, Md.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place. Part Date 1018 1935	Manner of Injury
19. UNDERTAKER William Cook	24. Was disease or Injury In any way related to occupation of decoased?
(Address) I217 StPaul St	If so, specify
20. FILED 10/5/ 1935 & & Wilhal Registrar.	(Signed) 6.76. MChalle, Md. M. D. (Address) M. D.
★	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	7	Example II	
The principal cause of death and related cau of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 2 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	3. July 5, 1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
OF DEATH		(131)		

1. PLACE OF DEATH	- Pu	13:
County Galtimors	Registration Dist. No. 3	
Village or City Leuton	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurred		
2. FULL NAME William N. W.	isner	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OEYALU (Month) (Day) (193)	5 (Year)
5a. If married, widowed, or divorced Martha Ellen Taylor (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decea	
6. DATE OF BIRTH (month, day, and year) October 7-185-3	Cai. 0 16 35	ath is sald
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, at 1:30 m.m.	
7 1 0rmin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	te of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Harries SAWYER, BOOKKEEPER, etc.	inging Pectorio 10	116/3
Industry or business in which work was done, as SILK MILL, Grown Zarum		
kind of work done, as SPINNER, Charuser. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, County Farm SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Tatal time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Muylund (State or country)	Other Contributary Causes of importance: arthur Scleratic Carolin Carolin	A
	E Syper Tension.	
14. BIRTHPLACE (city or town) (State or country) Wangland	Neme of operation Dete of	
	What test confirmed diagnosis? Was there an autops	sy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	19
(State or country) Maryland	Where did injury occur?	
17. INFORMANT Hrank Wiener (Address) Washington &	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Placel Hursel Mil Date act 19, 1931	Nature of injury	
19. UNDERTAKER & dev & Supton (Address) Nampatand Med	24. Was disease or injury in any way related to occupation of deceased?	D
20. FILED Oct-17, 1935 CE Fomble M. D. Régistrar.	(Signey) C. Carter freef (Address) Lang Mary True	M, D,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

should state

STATE OF MARYLAND—CERTIFICATE (OF	DEATH
---------------------------------	----	-------

1	11	1	1	8	
A	U		T	9	

1. PLACE OF DEATH	
County Baltimore	93.0
	Registration Dist. No. 43
Village or City of aspeling If ld	No. St., Ward
Length of residence in city or town where death occurred/	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds How long in U.S. if of foreign birth?mosds.
2. FULL NAME TOURS M 9/	13.
	oder
(a) Residence: No. 104 Molb. Chue (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	MEDICAL CERTIFICATE OF DEATH
Limale M. F. T OR DIVORCED (write the w	ord)
5 Harrist it	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HERERY CERTIES. That I alleged at any of the
(or) WIFE of Colin IV roder	22. I HEREBY CERTIFY, That I attended deceased from
E DATE OF DIRTH (month)	19-1-1, 10-1-1, 10-1-1, 19-0
6. DATE OF BIRTH (month, day, and year) Tel-23 936 7. AGE Years Months Days IFFESS	I last saw hear alive on Oct 23 , 1935; death is said
Months Days If LESS 1 day,	
ormi	m. were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Date of onset
Onthi En, Douthe En, etc.	Myocardiles chronic 1934
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Duration: sense 1934
	Curen
this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town)	
(State or country)	
13. NAME John Sall	
14. BIRTHPLAGE (city or town)	Name of operation Date of
(State or country)	Date of a constant of the cons
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
0 11: 1	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Mrs. Neugritz	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 4011 Parkwoods are 18. BURIAL, CREMATION, OR REMOVAL	
Dead Tito I III as	Manner of injury
riote 2 man vale (01 de 1, 19	Nature of injury
19. UNDERTAKER TREASE Variable of Constant	24. Was disease or injury in any wey related to occupation of deceased?
(Address) 7,401 Belair Rd.	If so, specify
10/26 1935 D. a Frita 2	24 V (Signed) OF 24.
ORegistr.	W. U.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

I day hrs. The CAUSE OF DEATH * was as follows: de. or min.? B OCCUPATION (a) Trade, profession or Horesevor particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homickal. OF FATHER (State or country) 12 MAIDEN NAME 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death ____yrs.____mos.___ds. In the OF MOTHER (State or country Where was disease contracted, if not at place of death?... Former or usual residence CIANS 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 42 Village or Citt Que (If death occurred in (If death occurred in a hospital or institu-tion, give Its NAME in-stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED, OR DIVORCED (Write the word) (Month)(Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at

(Approved by U. S. Census end American Public Health Association.)

er," etc., wir-laborer, farm laborer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Laborer-Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid, fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite discase "Exhaustion," "Heart lauure, "Old Age," "Shock," stated unless important Example: Meosles (disease approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. :hopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sorcoma, etc., of Never report more symptoms or terminal condi-The n .ture of the injury, etc. volvular heart Nomenclature of the The contributory disease; not be

If this certificate is looked over thoroughly and a'l questions subserved in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registrar.

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 E, of OCCUPA-

5	STATE O	F MARY	/LAND-	CERTIFICATE OF DEATH	10850
	altniar			Registration Dist. No.	30
Village or City	ring From	e Haspeta		WANTED MCS f death occurred in a hospital or institution, give its NAME instead of	St., Ward
Length of residence in	city or town where d	eath occurred	9 . /	s. 19 ds. How long in U.S. if of foreign blrth? 13 yrs.	
2. FULL NAME	Bents	La Zi	1000		
(a) Residence: Np.	Ele. 9	Server	Catous	ville Med. Ward.	
(a) Noordonoo. No.		(Usual place o		If nonresident give city of	
PERSONAL A				MEDICAL CERTIFICATE OF DI	EATH
Female	white	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH October (Month) (Day)	193.5 (Year)
5e. If married, widowed, or di HUSBAND of (or) WIFE of	vorced		arinet.	22. I HEREBY CERTIFY. That May 22 1930 to Oct. 14	, ettended deceased from
6. DATE OF BIRTH (month, d	lay and year) The	r-5-18	365	I last saw h ex elive on Oct. 1 th	., 19.3 வி; deeth is sald
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6:40 a.m.	
70	++-	26	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of import were as follows:	Date of onset
8. Trade, profession, or kind of work don SAWYER, BOOKK	e, as SPINNER,			0 14 1	
kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANK 10. Pate deceased last w	in which s SILK MILL, & , etc	onestre		Mercuscleroses	ma.
10. Date deceased last w this occupation (m year)	onth end	11. Total til span occu	me (yeers) t in this 40 pation 40		
12. BIRTHPLACE (city or town (State or country)	V / -	namı		Other Contributory Causes of importance:	4/16/19
13. NAME Ed	wand 5	rippe			
14. BIRTHPLACE (city or (State or country)		estria		Name of operation None What test confirmed diagnosis? Symptons & Dignowa	Dete of
15. MAIDEN NAME	arlans	mise	v	23. If death wes due to external causes (VIOL ENCE) fill in elso th	
15. MAIDEN NAME O		istria		1	ury, 19
17. INFORMANT Mys (Address) Fore	alma A		- (sister)	(Specify city or town, coursed in INDUSTRY, In HOME, or in	aty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR		au sonse	This	Menner of injury Mone	
Place Salem	hitheran	Detalet.	ر اه ع		
19, UNDERTAKER	16dmo	Jarry &	F- with	24. Was disease or injury in any way related to occupation of de	ceased?
20. FILED 10/	, 193 , 7	Ush	Registrar.	(Signed) James & Jan (Address) Quantil	id mid.
	If more	blanks are needed, a			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 2 1935	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	auses of importance:	-3	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10851
1. PLACE OF DEATH	93-6
County Sulfujore	Registration Dist. No. 30
Village or City Castous will	No. Johnny Cake Kd 1 St., Ward death occupied in a horpital originativion, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrs	
2. FULL NAME SLOUME TU. Sip	krian .
(a) Residence: No. 2 0 4 M. Julton Cly & (Usual place of abode)	St., Ward. Salelle St. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3-SEX 4. COLOR-OR RACE 5. SINGLE MARRIED, WIDOWED OF DEVORCED Swrite the words	21. DATE OF DEATH 13 193 5
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND OF Lydia Juporian	22. I HEREBY CERTIFY, That I attended deceased from 19 19 19
6. DATE OF BIRTH (month, day, and year)	I lest saw halive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated ebove, at
4 /2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusas of Importance ware as follows:
Trada profession or partirular	Date ol onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chr. morardete unl
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last workad at this organizing month and	
SAW MILL, BANK, etc. 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	1.11 × w . w
Latting.	Other Contributory Causes of importances
12. BIRTHPLACE (city or town) (State or country)	Of Thomas
13. NAME LOMU 3 sh brisis	Coconic
I / / / / / / / / / / / / / / / / / / /	None of a section
14. BARTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Lustone Was there an autopsy?
15. MAIDEN NAME UNCLUSION	23. If daath was due to axtarnal causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME CONTROL 18. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
me Ludia Dephasin	(Specify city or town, county and State) Specily whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 204 H, Julion and Back W.	A second mighty occurred in the boards, in notice, or in robello report.
18. BURIAL CREMATION, OR REMOVAL	Menner of Injury
Place 10 4 1000 (Date 104, 16, 1933	Nature of Injury
19. UNDERTAKER Cluston Sous	24. Was disaase or injury In any way related to occupation of dacaased?
20. FILED Och 15, 1931 - Marshall B West	(Signed) Warshall B West M. D. (Addrass) Catonsulla Wed
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related duses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1943	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	6 1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1929	Regionitis	3 days ago
	40	7	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	18		